Diagnostics Directorate

Pathology Request Form

For laboratory use only

TM	CLR	PTS	LAB NUMBER

Requested by: (PRINT and include Forename)	CHI Number (essential):	Date of Birth (essential):	Sex:
Consultant / GP: (PRINT and include Forename)	Surname (essential):	Forename (essential):	
Contact Number or Page Number:	Address:		
Hospital / Site / GP (essential):	Postcode: *Use pre-printed label if available*		
Ward / Dept (essential):	Date Report Required:	C.T. Lab Use Only	
Destination for Report (if different from above):	Previous Pathology Reports:		

Investigation Required:	Histopathology ☐	Cytopathology ☐

FROZEN SECTION REQUIRED: YES ☐ **Contact: 0141 354 9513/4. Direct: 89513/4**

ALL INTRA-OPERATIVE SPECIMENS *MUST* BE PRE-ARRANGED BY PHONE

Specimen Collection Date:	Specimen Collection Time:

Nature of Specimen / Site:

Clinical Details / Provisional Diagnosis:

Risk of Infection: No ☐ Yes ☐ Specify:

Laboratory use only

Date and Time Received: / / :

NHS GGC Pathology Department, Southern General Hospital, Glasgow G51 4TF Tel: 0141 354 9487

Team	Opened by	Scribed by	Dissected by	Scribed by	Pathologist if not pool	Checked	QC

Block Description	Block	Pcs	Spl	Kp	Block Description	Block	Pcs	Spl	Kp

Designed by Medical Illustration Services ref 256838