



9997

# Advance Histopathology Laboratory Ltd

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<b>TITLE</b>	MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> DR <input type="checkbox"/> OTHER <input type="checkbox"/>									
<b>FORENAME</b>										
<b>FAMILY NAME</b>										
<b>DOB</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>SEX</b>	M <input type="checkbox"/> F <input type="checkbox"/>
<b>PATIENT ADDRESS</b>										
<b>HOSPITAL NO. / REFERENCE</b>										
<b>CLINICAL DETAILS</b>	Risk of Infection: No <input type="checkbox"/> Yes <input type="checkbox"/>									
<b>SAMPLE TYPE</b>										
<b>Requesting Physician/Surgeon (print name):</b>										

Date & time of sample: \_\_\_\_\_

Hospital: \_\_\_\_\_

Contact: \_\_\_\_\_

Report email  \_\_\_\_\_

Report Fax  \_\_\_\_\_

Report paper copy  \_\_\_\_\_

**Invoice**

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Hospital  Doctor  Other

Patient  (contact details mandatory)

Contact: \_\_\_\_\_

Insurance  (Patient address mandatory)

Policy No: \_\_\_\_\_

Authorisation code: \_\_\_\_\_

Lab Use only.

**LAB NO:**

**NO. OF SAMPLES:**

**SAMPLE DESCRIPTION:**

TRIAGE:

H+E / 3 levels / CFV / ABPAS / PAS

DISSECTION:

NO. BLOCKS:

ALL TAKEN: YES / NO

RESERVE: 1 / 2 / AFOS / KEEP

DECAL

DATE IN:

DATE OUT:

EMBEDDED:

MICROTOMY:

H&E QC:

EXTRA REQUEST:

EXTRA MICROTOMY:

EXTRA QC:

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