

CYTOLOGY REQUEST

Issued from Division of Pathology, The James Cook University Hospital, Middlesbrough Enquiries: 01642 854383 & Friarage Hospital, Northallerton 01609 763040

Tick Here – PP	Urgent – Date Required	Referred Under Cancer Target
BLOCK LETTERS PLEASE HOSPITAL/GP SURGERY WARD/ DEPARTMENTCONSULTANT/GP		OFFICE/LAB USE ONLY LAB NO:
EXTRA REPORT COPIES TO:		
PATIENT DETAILS NHS NO:HOSPITAL NO: SURNAME: FIRST NAME: ADDRESS: DOB: SEX:		
NATURE & SOURCE OF SPECIMEN	DATE/TIME TAKEN	DATE /TIME RECIEVED
PREVIOUS HIST/ CYTOLOGY REFERENCES:		PROCESSED BY:
CLINICAL DETAILS;		HOE:
		CYTYC PROCESSOR:
		DATE PROCESSED/ STAINED:
		HSREQ
		CPRES (MACRO)
		CPRES - (PRIMARY SCREENER NO. & SPLI):
		REPORTING PATHOLOGIST:
REQUESTOR'S SIGNATURE:		REPORT TYPED & DATE: