

# NEUROPATHOLOGY REQUEST

Issued from Division of Pathology, The James Cook University Hospital, Middlesbrough Enquiries: 01642 854383

Tick Here – PP	Urgent – Date Required	Referred Under Cancer Target	
BLOCK LETTERS PLEASE HOSPITAL .....		OFFICE/LAB USE ONLY LAB NO:	
WARD/ DEPARTMENT .....CONSULTANT .....			
EXTRA REPORT COPIES TO:			
PATIENT DETAILS NHS NO: .....HOSPITAL NO: .....			
SURNAME: ..... FIRST NAME: .....			
ADDRESS: .....			
DOB: ..... SEX: .....			
NATURE & SOURCE OF SPECIMEN	DATE/TIME TAKEN	USER ID NUMBER	
		BANDING PATHOLOGIST	
		BAND A	
		BAND B (1 OR 2)	
PREVIOUS HIST/CYT REFERENCES		BAND C	
		REPORTING PATHOLOGIST (INITIALS)	
CLINICAL DETAILS		HOE	
		DISSECTOR	
		CUT-UP ASSISTANT	
		HSREQ	
		CPRES (NAKED EYE)	
		EMBEDDOR	
		MODULE NO:	
		QUALITY ASSESSOR	
REQUESTOR'S SIGNATURE		REPORT TYPED & DATE	