



Unilabs

IHS

Awali Hospital
Histology



Accredited Medical
Laboratory
Reference No. 2380

P L E A S E P R I N T C L E A R L Y

| | | |
|---|--|--------------------|
| Room No. or Dept | Patient's Surname | |
| Nature of Specimens | Title and Other Names | |
| | Date of Birth | /Sex |
| | Hospital No. | |
| | Consultant's Name(s) | |
| Clinical Details | Date/Time of Specimen | |
| | LABORATORY USE ONLY | |
| | A. | |
| | B. | |
| | C. | |
| | D. | |
| | E. | |
| Previous Histology/Cytology No. (if relevant) | <input type="checkbox"/> Digital Pathology Image (please tick) | F. |
| | | G. |
| Consultant's Signature | | OTHERS: ENTER CODE |