



Unilabs

IHS

BMI Mount Alvernia 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.	
F.		
G.		
Previous Histology/Cytology No. (if relevant)	<input type="checkbox"/> Digital Pathology Image (please tick)	
Consultant's Signature	OTHERS: ENTER CODE	