



Unilabs

IHS

The Bishopswood 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	
	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	Date/Time of specimen	OTHERS: ENTER CODE