



Unilabs

IHS

BMI The Chiltern Hospital



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												
	Title and Other Names												
Nature of Specimens	Date of birth						Tel No.						
	Hospital No.												
	Consultant's Name(s)												Sex
Clinical Details	Please tick appropriate box to ensure required billing procedure						Invoice to Insurer <input type="checkbox"/>			Dr <input type="checkbox"/>		Patient <input type="checkbox"/>	
							Insurance Details (PMI)						
Previous Histology/Cytology No. (if relevant)	<input type="checkbox"/> Digital Pathology Image (please tick) NB: PMI rates will apply unless otherwise stated.						Address for Invoice (Patient)						
Consultant's Signature						Date/Time of Specimen							