



Unilabs

IHS

BMI The Clementine Churchill 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																
	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="1102 535 1544 572">LABORATORY USE ONLY</th> </tr> </thead> <tbody> <tr> <td data-bbox="545 572 1102 636">A.</td> <td data-bbox="1102 572 1544 636"></td> </tr> <tr> <td data-bbox="545 636 1102 700">B.</td> <td data-bbox="1102 636 1544 700"></td> </tr> <tr> <td data-bbox="545 700 1102 763">C.</td> <td data-bbox="1102 700 1544 763"></td> </tr> <tr> <td data-bbox="545 763 1102 827">D.</td> <td data-bbox="1102 763 1544 827"></td> </tr> <tr> <td data-bbox="545 827 1102 891">E.</td> <td data-bbox="1102 827 1544 891"></td> </tr> <tr> <td data-bbox="545 891 1102 955">F.</td> <td data-bbox="1102 891 1544 955"></td> </tr> <tr> <td data-bbox="545 955 1102 1000">G.</td> <td data-bbox="1102 955 1544 1000"></td> </tr> </tbody> </table>		LABORATORY USE ONLY		A.		B.		C.		D.		E.		F.		G.
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Consultant's Signature		OTHERS: ENTER CODE															