



**Unilabs**  
IHS

The Garden 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)		
	Date/Time of Specimen		
Clinical Details			Invoice to Dr <input type="checkbox"/> Patient <input type="checkbox"/>
			Address for invoice
Consultant's Signature	Date		
Previous Histology/Cytology No. (if relevant)		<input type="checkbox"/> Digital Pathology Image (please tick)	