



Unilabs
IHS

King Edward VII 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	LABORATORY USE ONLY	
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
11.		
Consultant's Signature	OTHERS: ENTER CODE	

Previous Histology No. (if relevant)

Digital Pathology Image (please tick)