Unilabs
IHS

The Hospital of St John and St Elizabeth
Histology

CPA
Accredited Medical Laboratory
Reference No. 2380

PLEASE PRINT CLEARLY

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)	
	Date/Time of Specimen	Sex

Clinical Details

Please tick appropriate box to ensure required billing procedure

Invoice to Insurer ☐ Dr ☐ Patient ☐

Insurance Details (PMI)

Address for Invoice (Patient)

☐ Digital Pathology Image (please tick)

Previous Histology/Cytology No. (if relevant)

NB: PMI rates will apply unless otherwise stated.

Consultant's Signature

Date