

Hosp. No. (A&E) No. NHS. No. Surname Forenames Date of Birth / / Address Ward / Dept	Requests with no Hosp. or NHS number may not be processed Male PP Female Postcode Consultant / GP (To follow up) Please print in full. Speciality:	Nature and Source of specimen Clinical History (must be completed by responsible consultant) Signature Sample Taken: Date Time □□ □□ □□ □□ □□ □□
Copy To (GP courier code)		Lab use only Lab number Receipt time stamp

Receiver
 Pathologist
 BMS / MLA
 BC / label
 QC