

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?



JB: 115471



**PATHOLOGY REQUEST FORM**



**EUROFINS PATHOLOGY REQUEST FORM**

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**CELLULAR PATHOLOGY**

HISTOLOGY  CYTOLOGY

RQF: 1 001  
ISSUE NO: 1.01  
ACTIVE DATE:  
04/12/2017

**Patient Details**

Patient Name:.....  
 D.O.B.: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female  
 Patient Address:.....  
 .....  
 MRN:..... Clinician Name:.....  
 Hospital/Clinic:.....  
 Hospital/ClinicAddress:.....  
 .....  
 Sample Date: \_\_\_/\_\_\_/\_\_\_ Sample Time: \_\_\_\_ : \_\_\_\_

SPECIMEN TYPE:

CLINICAL DETAILS:

CLINICIAN SIGNATURE:

**LABORATORY USE ONLY**

LAB NUMBER:

RECEIPT DATE:

PREVIOUS HISTOLOGY:

TECHNICAL INSTRUCTIONS:

Investigation Code	P Code	Q Code		Tech	Path
Blocks	Pieces	AE	TL	H+E	Other

**PLACE SPECIMEN IN BAG**  
**FOLD TOP OVER TO SEAL**



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**Fold**