

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

**PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER**

JB: 115471



HISTOPATHOLOGY REQUEST FORM



EUROFINS PATHOLOGY REQUEST FORM

c/o Eurofins Biomnis Ireland, Three Rock Road, Sandyford Industrial Estate, Dublin 18,
D18A4C0, Ireland, Tel: +353 1 295 8545, Fax: +353 1 295 5399

CELLULAR PATHOLOGY

HISTOLOGY CYTOLOGY

RQF: 1 001
ISSUE NO: 1.03
ACTIVE DATE:
12/08/2022

Patient Details

Patient Name:.....

D.O.B.: ___/___/___ Gender: Male Female

Patient Address:.....

MRN:..... Clinician Name:.....

Hospital/Clinic:.....

Hospital/Clinic Address:.....

Patient Insured: YES NO

*Insurer Name:..... *Policy number:

Sample Date: ___/___/___ Sample Time: ____ : ____

INVESTIGATION CODE:

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

(*) If the patient has private health insurance, you **MUST** provide the Insurer Name and Policy Number.
Failure to specify these details will delay the processing of the sample.

PLACE SPECIMEN IN BAG
REMOVE COVERING STRIP
FOLD TOP OVER TO SEAL

BAG



HISTOPATHOLOGY REQUEST FORM



Fold

A large, empty rectangular box with a blue border, intended for a histopathology request form.