Unilabs

UKAS MEDICAL
9344

Histology

Hospital Name

PLEASE PRINT CLEARLY

Number of specimen pots	Patient's Surname	
Nature of Specimens	Title and Other Names	
	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)
Previous Histology/Cytology No. (if relevant)	☐ Digital Pathology Image (please tick) NB: PMI rates will apply unless otherwise stated.	
Consultant's Signature	Date/Time of specimen	