

PATIENT INFORMATION

**indicates mandatory fields*

*TLC unit no. (if known)

*Title *DOB (dd/mm/yyyy)

*Surname

*Forename(s)

*Gender

Payment method Insurance Embassy Self-Pay Sponsor

Payment provider _____

Member no. _____

Authorisation no. _____

Patient's tel no. _____

Patient's email _____

Patient's address _____

Copy of reports to _____

*Referrer's full name and / or practice stamp

CLINICAL INFORMATION

*Clinical details/ provisional diagnosis:

URGENT

Previous history:

Previous case number(s):

Specimens:

LEFT/RIGHT

Sample taken at _____ AM/PM Date _____

Preferred Histopathologist:

- Histology
- Specimen photography
- Frozen section
- ER/PgR/HER2
- Molecular diagnostics (please specify):
- Slides for opinion
- Other tests (please specify)
- Non-gynae cytology
- Gynae Pap Cytology only
- HPV only
- HPV & Pap
- HPV & Reflex Pap (A Pap will automatically be performed if the HPV result is positive)

*LMP date _____ / _____ / _____

LAB USE ONLY

Category band

C BREQ P QC by _____ Date of issue _____

Referrer's signature _____ Date _____ / _____ / _____

ADDITIONAL INFORMATION



A MAIN HOSPITAL
20 Devonshire Place
London W1G 6BW

B THE DUCHESS OF DEVONSHIRE WING
22 Devonshire Place
London W1G 6JA

C OUTPATIENT CENTRE (PHLEBOTOMY)
5 Devonshire Place
London W1G 6HL
+44 (0)20 7034 6330

E PATHOLOGY DEPARTMENT
116 Harley Street
London W1G 7JL
+44 (0)20 7616 7755

PHLEBOTOMY OPENING HOURS

Monday to Friday
8.00am – 7.00pm

Saturday
9.00am – 1.00pm