THE LONDON CLINIC

Histopathology request

PATIENT INFORMATION

indicates mandatory fields

*TLC unit no. (if known) L

*Title

*DOB dd/mm/yyyy)

*Surname

*Forename(s)

*Gender M F

IP OP DC

Room

*Referrer's full name and / or practice stamp

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

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)

*LPM date ____ /____ /____

Referrer's signature ____ Date ____ /____ /____

Pathology Department
+44 (0)20 7616 7755

Outpatient Centre
+44 (0)20 7034 6330

thelondonclinic.co.uk
diagnostic.services@thelondonclinic.co.uk

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