



Request for Histopathological Testing

NB: The patient's sample pot(s) must (all) be labelled with the patient's ID as specified on this form. Any discrepancy may result in the rejection and return of the samples without processing.

Patient ID (a sticker may be used instead of completing by hand)	
Surname	
Forename(s)	
Sex	
Date of Birth	
Hospital / Clinic No.	
NHS No. or other ID	

Nature of specimen(s)	Number of pots	Date of Procedure

Clinical details:

If there is a known infection risk please specify: → (e.g. HIV / HAV / HBV / HCV / TB / MRSA):	
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Requesting clinician (Please PRINT): → (Do NOT sign – we need to read who you are)	
Your TadPath Registration Number: → (We cannot process your request without your correct registration details. Failure to provide this may result in delay or rejection of your request)	