



HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER

HISTOPATHOLOGY



HISTOPATHOLOGY REQUEST FORM, SHEFFIELD CHILDREN'S N.H.S. FOUNDATION TRUST

| | | | | | |
|---|---------------------------|---|---------------------------------|--|----------------------------------|
| Lab Number | | Western Bank, Sheffield S10 2TH Tel: 0114 271 7000 | | Please affix patient label here otherwise complete. | |
| REQUESTS WITH NO WARD, CONSULTANT OR NHS NUMBER DETAILS COMPLETED MAY NOT BE PROCESSED | | | | | |
| Investigations Required (in order of priority) | | | Hospital Number | NHS Number | Patient Category Please ✓ |
| | | | Surname (Block capitals) | Forename(s) | NHS |
| | | | Address or Postcode | | |
| | | | | | Private |
| Specimen Type (where relevant state anatomic site of origin) | | | Date of Birth | Sex | Hospital |
| | | | | | Category 2 |
| Date of Collection | Time of Collection | Ward / Dept. | | Consultant / G.P. (Full name or initials & surname) | |
| | | | | Research | |
| Sample Obtained by (print name) | | | Bleep | Send Report to (if different Ward/Dept. from above) | |
| | | | | | |
| Clinical Details Full and appropriate clinical details including circumstances that may increase the risk of infection e.g. relevant travel history must be included. Underlying Disorder:- Current Clinical Details:- | | | For Laboratory Use Only | | |
| Please tick this box if patients/parents have an objection to non-research use of any left over samples (see information leaflet) <input type="checkbox"/> | | | | | |
| Requesting Clinician (Block capitals) | | | Bleep Number | | |
| Signature | | | | | |

- Warnings**
1. All fields must be legibly completed
 2. Any person making a request on this form takes on the responsibilities under section 7 of the Health & Safety at Work Act (1974). Details of this are given in the Laboratory Handbook.

DETAILS OF LABORATORY SERVICES AND TRANSPORT ARRANGEMENTS

- please refer to the Laboratory Handbook on the Laboratory Medicine pages of the Trust website and intranet.

SAMPLE REQUIREMENTS

- please refer to the test directories on the Laboratory Medicine pages of the Trust website and intranet.

GENERAL ENQUIRIES AND RESULTS

Histopathology

271 7264

SAMPLE LABELLING

Please label all specimens clearly, giving the patients full name, date of birth, NHS / Hospital / A&E Number and Biopsy site.

URGENT REQUESTS

Must be arranged with the laboratory by telephone or if out-of hours via the Consultant Histopathologist.

Urgent samples must be clearly identified as such on the front of this form.

HEALTH AND SAFETY PRECAUTIONS

HIGH RISK SPECIMENS: Category 3 risk specimens are especially hazardous and must be identified as such with yellow category 3 labels on specimen container and request form.

If there is a specimen breakage and spillage, isolate the area to prevent access and contact a senior member of staff in the nearest clinical or laboratory area.

If you have an accident involving contamination with a specimen, contact a senior member of staff in the nearest clinical or laboratory area.

Service users can expect a commitment to continued quality from Laboratory Medicine for all work and services that are provided on their behalf, and the terms and conditions of the service provided are described in the Laboratory Handbook.

BAG

PLACE LABELLED SPECIMEN IN BAG
REMOVE PROTECTIVE STRIP, FOLD TOP ON TO BAG AND SEAL.
TO OPEN: HOLD FORM IN LEFT HAND & PULL BAG TO THE RIGHT