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|  | | | | Patient's details Name: NRIC: Gender: <i>Affix patient's label here</i> Date of birth: Account number: Clinic: Ward: Bed: | |
| Laboratory Medicine and Pathology | | | | | |
| HISTOPATHOLOGY REQUEST FORM | | | | | |
| Requesting doctor <i>(Please use name stamp if possible)</i> Name and MCR number: Phone number: Department: Consultant and MCR number: | | | | Laboratory barcode and accession <i>(for laboratory use only)</i> | |
| Clinical information | | | | | |
| Clinical diagnosis: | | | | Recent travel (if yes, specify countries): Yes / No | |
| Relevant history and findings: | | | | | |
| Investigations and operation findings: | | | | | |
| Nature and location of specimen Frozen Section <input type="checkbox"/> Yes | | | | Charge description <input type="checkbox"/> AAXXX1 Frozen Section <input type="checkbox"/> AAXXX2 Simple <input type="checkbox"/> AAXXX3 Moderate <input type="checkbox"/> AAXXX4 Complex <input type="checkbox"/> Others (specify): | |
| Specimen collection date and time DD/MM/YYYY HH:MM am/pm | | Fixative added date and time DD/MM/YYYY HH:MM am/pm | | Fixation <input type="checkbox"/> Formalin <input type="checkbox"/> No fixative <input type="checkbox"/> Others (specify): | |
| Other test requests <i>(Note: specimens with illegible test requests may be rejected or subject to delayed processing)</i> | | | | | |
| | | | | | |
| Tissue audit review <i>(for laboratory use only)</i> 1A 1B 2A 2B 3A 3B | | | | Further actions <i>(for laboratory use only)</i> Second opinion: Yes / No Cancer registry submission: Yes / N.A. | |
| Further information Please refer to the Laboratory Service Guide for information about specific requirements for tests. For enquiries, please call Laboratory Medicine and Pathology on 63611409. | | | | | |