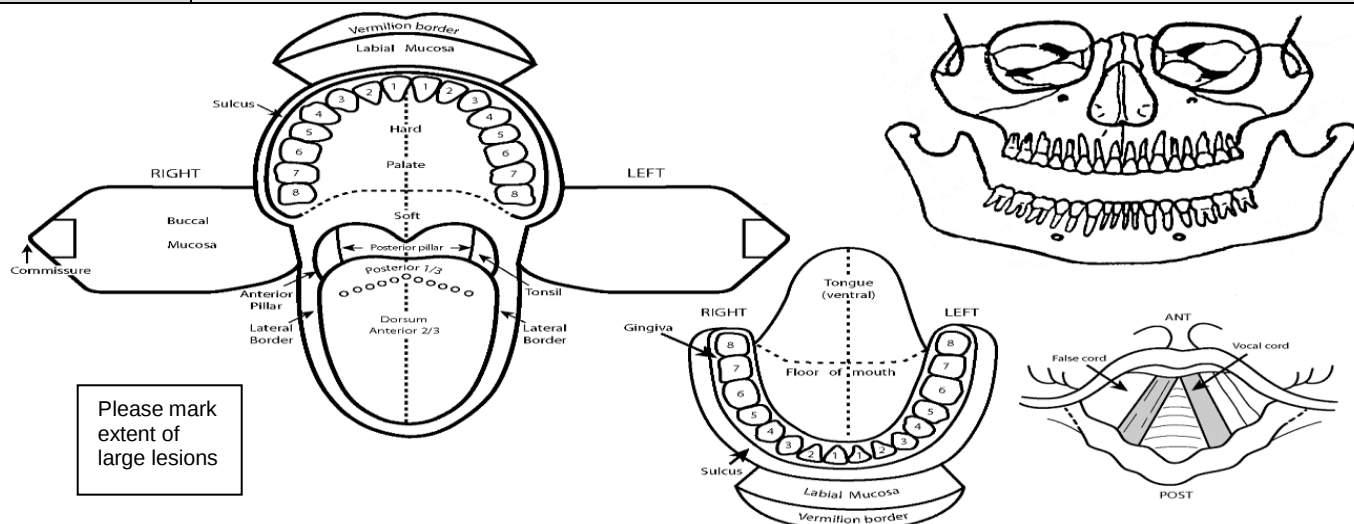


Synnovis Analytics at Guy's and St Thomas' NHS Foundation Trust

HEAD AND NECK and ORAL HISTOPATHOLOGY REQUEST FORM

Deliver to: Specimen Reception, Head & Neck/Oral Pathology, Floor 4, Tower Wing, Guy's Hospital

Please give patient details and/or fix label overleaf	Surname		Forename(s)		Ethnic origin (ring one): Asian Middle eastern European African/Afro Caribbean Far East																			
	Unit No:		or NHS number:		Recent overseas travel to:																			
	Date of Birth	Sex M / F	Occupation: If retired state previous		Previous biopsy? Approx. date If not at Guy's, where?																			
Please give details of lesion	Differential diagnosis and clinical features:																							
	Medical History and medications:																							
	<table border="1"> <thead> <tr> <th>Smoking</th> <th>type</th> <th>amount</th> <th>duration</th> <th>Alcohol</th> <th>type</th> <th>amount</th> <th>duration</th> <th>Betel quid ?</th> </tr> </thead> <tbody> <tr> <td colspan="9">Also enclosed (please ring) Radiographs Clinical Pictures or Images e-mailed to: Synnovis.hnpath@nhs.net</td> </tr> </tbody> </table>						Smoking	type	amount	duration	Alcohol	type	amount	duration	Betel quid ?	Also enclosed (please ring) Radiographs Clinical Pictures or Images e-mailed to: Synnovis.hnpath@nhs.net								
	Smoking	type	amount	duration	Alcohol	type	amount	duration	Betel quid ?															
Also enclosed (please ring) Radiographs Clinical Pictures or Images e-mailed to: Synnovis.hnpath@nhs.net																								



Please give site of specimens or draw on diagram	Site 1 ring one: incisional <u>or</u> excisional biopsy <u>or</u> curettage <u>or</u> smear		Site 2 ring one: incisional <u>or</u> excisional biopsy <u>or</u> curettage <u>or</u> smear	
	Site 3 ring one: incisional <u>or</u> excisional biopsy <u>or</u> curettage <u>or</u> smear		Site 4 ring one: incisional <u>or</u> excisional biopsy <u>or</u> curettage <u>or</u> smear	
Please give information for issuing report	Consultant's name	Operator's name sign AND print	Clinic/Dept	Hospital
	Patient type (ring one) In patient / outpatient	Patient type (ring one) NHS / Private	Date of biopsy	Report required by (date)
	Residual sample is normally incinerated or used for quality assurance, NHS training, audit or research. Please tick box if patient has indicated that they do NOT wish surplus tissue to be used for research ☐			

Deliver to: Specimen Reception, Head and Neck Pathology, Floor 4 Guy's Tower, Guy's Hospital	Transport Instructions 1. Ensure each pot of formalin is securely closed and labelled with patient name, number and site of biopsy. 2. Seal pots in specimen transport bag. 3. Fold form and place in the separate bag compartment with delivery address facing outwards
Other Information ▪ Contact Department, please contact the department on email address viapath.hnpath@nhs.net or telephone number 0207 188 4367/4366 for results and advice on clinical laboratory investigation, specimen handling, specialised tests or clinical interpretation of pathological data. ▪ A special medium is provided on request for immunofluorescence – do not use formalin. ▪ Samples from unusual lesions, premalignant lesions or likely malignancy taken at Guy's are best brought fresh to the laboratory without formalin fixation – please phone for advice if unsure. ▪ A separate form and mailing tube is provided for dental practitioners	

Space below for department use only