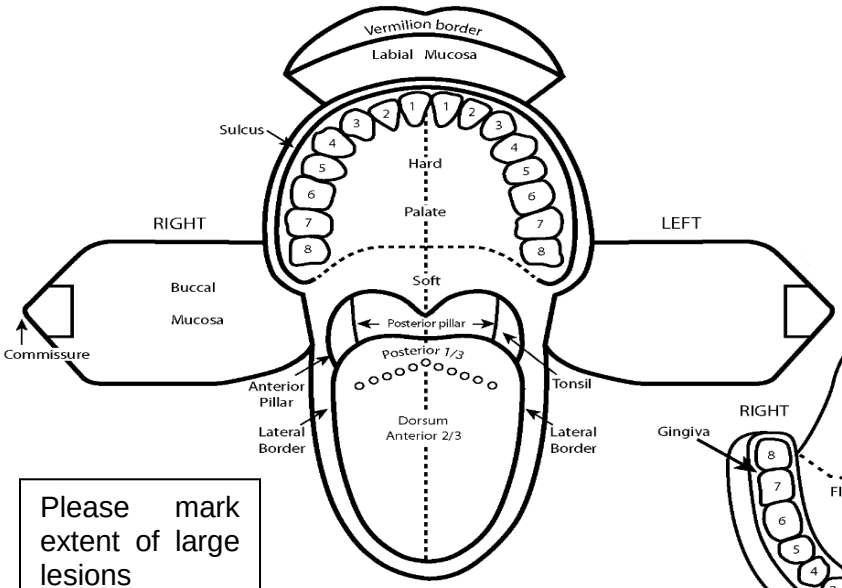
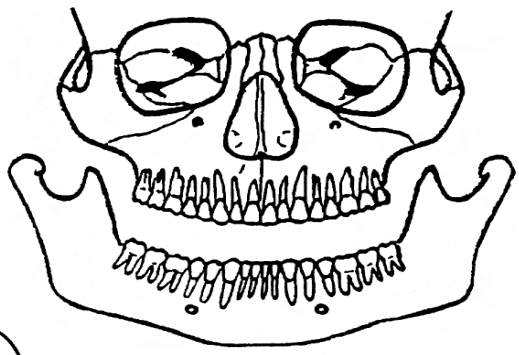
Synnovis Pathology at Guy's and St Thomas' NHS Foundation Trust

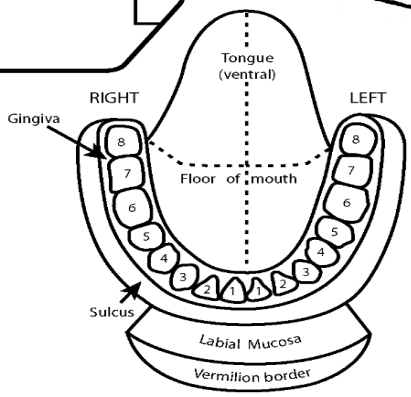
HEAD AND NECK and ORAL HISTOPATHOLOGY REQUEST FORM

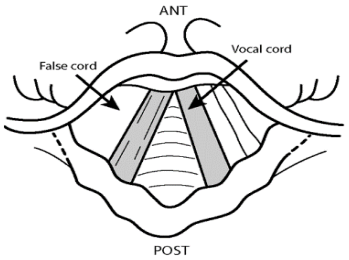
Please give patient details	Surname	Forename(s)	Ethnic origin (ring one): Asian Middle eastern European African/Afro Caribbean Far East
	Date of Birth	Sex M / F	
Please give details of lesion	Differential diagnosis and clinical features:		
	Medical History and **medications**:		
	Smoking *type* *amount* *duration* **Alcohol** *type* *amount* *duration* **Betel quid?**		
	Also enclosed (please ring) Radiographs Clinical Pictures or Images e-mailed to: **Synnovis.hnpath@nhs.net**		





Please mark extent of large lesions





Site of specimens or draw on diagram	**Site 1** ring one: is this an incisional or excisional biopsy or curettage	**Site 2** ring one: is this an incisional or excisional biopsy or curettage
Please give information for issuing report	Name of dentist and full practice address / practice stamp Posting information overleaf	
	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 ☐	

Post to:	**Transport Instructions**
Specimen Reception, Dept. Oral Pathology, Floor 4 Guy's Tower, Guy's Hospital, London SE1 9RT Please ensure that the correct postage is paid.	1. Ensure each pot of formalin is securely closed and labelled with patient name, number and site of biopsy. 2. Seal it in the grey screw-top protective tube 3. Seal pots in specimen transport bag. 4. Fold form and place in the separate bag compartment
	Other Information ▪ Contact Department on 020 7188 4366/4367 for results and advice on clinical laboratory investigation, specimen handling, specialised tests or clinical interpretation of pathological data.

Space below for department use only: