

Department of Musculoskeletal Pathology
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FOR THEATRE/CLINIC USE ONLY

DATE: _____ **TIME:** _____ **THEATRE:** _____ **CONSULTANT:** _____

SPECIMEN CHECKED BY: _____ **SPECIMEN DESPATCHED BY** _____
PRINT: _____ **PRINT:** _____

SIGN: _____ **SIGN:** _____

PATIENT DETAILS (Please complete or attach current PID Sticker)

SURNAME: _____ **FORENAME(S):** _____
REG.NO: _____ **DOB:** _____ **SEX:** _____
ADDRESS: _____
POSTCODE: _____
STATUS: _____ **NHS () PRIVATE PATIENT ()**
NHS NO: _____

LABORATORY NUMBER:

For laboratory use only			
Date received			
Booked in by		Checked by	
White block		tissue bank	
Date trimmed			
Path/BMS			
No of blocks		formic	nitric
Checked out		QC check	

RELEVANT CLINICAL DETAILS:

CLINICAL HISTORY AND RADIOGRAPHIC FINDINGS:

SIZE AND SITE OF LESION / TUMOUR (BONE, epiphyseal, etc.; SOFT TISSUE, superficial, deep, etc.):

CLINICAL DIAGNOSIS:

ANY PREVIOUS HISTOLOGY/CYTOLOGY (Number, Year & Hospital)

CONSENT

THIS PATIENT HAS FULLY CONSENTED TO THE USE OF [] YES -fully consented
THEIR TISSUE FOR RESEARCH AND TEACHING PURPOSES [] NO - consent withheld
AND THE TOP COPY OF THEIR CONSENT FORM IS ATTACHED [] NO - consent not sought

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