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| **NEUROPATHOLOGY REQUEST FORM** | |
| ***Please PRINT clearly and complete all relevant sections.***  *Departmental contact details:*  ***Department of Clinical Neuropathology,***  ***Synnovis Analytics***  ***1st Floor, Academic Neurosciences Centre (ANC),***  ***King's College Hospital NHS Foundation Trust,***  ***Denmark Hill,***  ***London***  ***SE5 9RS.***  ***Telephone - General Office (results): 0203 299 1955 / 1950***  *- Main Neuropathology lab: ext 31957*  *- Neuropathology Office: ext 31955*  *- Bleep: 722* | HOSPITAL REG. NO:  SURNAME:  FIRST NAMES:  SEX:  DATE OF BIRTH: |
| WARD/CLINIC: | CONSULTANT: |
| TYPE OF SPECIMEN:  SITE OF SPECIMEN: | DATE & TIME OF COLLECTION: |
| CLINICAL DETAILS:  EMAIL ADDRESS FOR REPORT:    INFECTION RISK: CONTACT/BLEEP NUMBER:  SIGNATURE: | |
| LAB USE ONLY DATE AND TIME RECEIVED: **LAB NO:** | |