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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 ONLYDATE AND TIME RECEIVED: **LAB NO:** |