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**Phone 22343438**

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Biopsy Diagnosis

PATHOLOGY REQUEST FORM

|  |  |
| --- | --- |
| PATIENT DETAILS |  |
| Surname |  |
| Name |  |
| Date of birth |  |
| ID number |  |

|  |  |
| --- | --- |
| REQUESTING CLINICIAN DETAILS |  |
| Full name |  |
| Clinic/Hospital |  |
| Email address |  |

|  |
| --- |
| **SPECIMEN TYPE/ SITE(S)** |

|  |
| --- |
| **CLINICAL INFORMATION** |

**SIGN/DATE:**