| Histopathology Department,<br>SJH Centre for Laboratory Medicine & Molecular Pathology,<br>Phone: 416 2063   | FOR LABORATORY USE ONLY. PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE |
|--|--|
| Section 1. Attach a SJH Addressograph Label inside the dotted line below or complete   | e the fields:  |
| Patient Name:  |  |
| i  |  |
| Date of Birth:   |  |
| SJH MRN:   |  |
|  |  |
| <br>   |  |
| Section 2. Attach an External Hospital Addressograph Label inside the dotted line be   | elow or complete the fields:   |
| Attach an External Hospital Addressograph Laber historial dotted line by   | clow of complete the fields.   |
| Patient Name:  |  |
| Date of Birth:   |  |
| External Hospital MRN:   |  |
| <u> </u>   |  |
|  |  |
| <u></u>  |  |
| Section 3.   |  |
| Clinical Details   |  |
|  |  |
| Specimen Type  |  |
|  |  |
| No. of Pots  |  |
|  |  |
| Previous Specimen? YES / NO  |  |
| 220 TO TO THE SPECIAL PROPERTY OF THE SPECIAL PROPERTY |  |
|  |  |
| Date Taken: Time Taken:  |  |
| N.B. Specimens should be placed in pots containing 10% Buffered Formalin and sent to the laboratory in a manner compliant with current ADR regulations.  |  |
| Specimen requirements and other information is available on <u>www.stjames.ie</u> by clicking on the "Lab Services" Tab.   |  |