

Manual Pathology Request form must only be completed if e-Requesting is unavailable

The Black Country Pathology Service										Lab Use / Urgent Number:	
NHS No:		Hospital No:				Consultant / GP Code:					
Surname:		Date of Birth :				Ward / Surgery Code:					
Forename:		Sex: Male / Female				NHS / Private / Cat II					
Patient Address:						G.P Surgery Address:					
Post Code:						Post Code:					
Patient Ethnic Origin:		Afro/Caribbean		Asian		Specimen Date:		Time:		Bleep / Contact No:	
Caucasian		Chinese		Other (specify)		/		/			
Priority Status:						Requestors Name: (please PRINT & SIGN)					
Clinical Details (Including reason for Request and medication):						Sample Type(s):					
						Investigation / Test required:					
For further information, scan the QR code or visit: bcpathology.org.uk						Black Country Pathology Services Working in Partnership with: Sandwell and West Birmingham NHS trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.					
Instructions: This form can be used for Clinical Chemistry, Haematology, Immunology, Microbiology and MRSA screening tests											
If Risk of Infection: All samples must be labelled with BIOHAZARD STICKERS											

Manual Pathology Request form must only be completed if e-Requesting is unavailable

AFFIX SPECIMEN BAG HERE

