

**Request for Oral Pathology Laboratory Services**

**HISTOPATHOLOGY DEPARTMENT**

Central Pathology Laboratory,  
St. James's Hospital, Dublin 8.  
Tel.: 4162063



Date/Time Received:

**FOR LABORATORY USE ONLY**  
**PLEASE AFFIX SPECIMEN NUMBER**  
**BARCODE LABEL HERE**

**Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):**

Surname	<input type="text"/>	Maiden Name (if relevant):	<input type="text"/>
First Name	<input type="text"/>		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/> Pregnant: Yes / No / Unknown

**Patient's Home Address:**

<input type="text"/>
<input type="text"/>
<input type="text"/>

Practitioner's Name	<input type="text"/>	Practice address or practice stamp here	Practice Telephone Number:	<input type="text"/>
Practitioner's SJH Lab Code	<input type="text"/>		This is mandatory to ensure the doctor can be contacted during routine laboratory working hours 8am to 8pm.	
Practitioner's Signature	<input type="text"/>			
D.C.R.N.	<input type="text"/>			

**Clinical Details**

Specimen Type

Previous Specimen? YES / NO

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 [www.stjames.ie](http://www.stjames.ie) by clicking on the "Lab Services" Tab.