Histopathology Department, SJH Centre for Laboratory Medicine & Molecular Pathology, 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:	
Date of Birth:	
Date of Birth:	
SJH MRN:	
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Coation 2. Attack on Enternal III mital Address much Label in its the data discussion	1
Section 2. Attach an External Hospital Addressograph Label inside the dotted line be	low or complete the fields:
Patient Name:	
Date of Birth:	
Date of Birth:	
External Hospital MRN:	
External Hospital Name:	
External Hospital Name.	
Section 3.	
Clinical Details	
Specimen Type	
Specimen Type	
No. of Pots	
Previous Specimen? YES / NO	
Date Taken: Time Taken:	
N.B. Specimens should be placed in pots containing 10% Buffered Formalin and sent to the lab with current ADR regulations.	oratory in a manner compliant
Specimen requirements and other information is available on <u>www.stjames.ie</u> by clicking on the	"Lab Services" Tab.