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 Hospital for Children
 NHS Foundation Trust

HISTOPATHOLOGY REFERRAL REQUEST FORM

Patient Details (ALL fields are mandatory)	GOSH Laboratory Use Only
Surname:	
Forename(s):	
Date of Birth:	
NHS Number:	
Laboratory Number:	
Tissue Type:	
Name of Referring Pathologist:	
Clinical History:	Question(s) to be addressed:
Local Diagnosis:	Material sent:
Referral for: Neuropathology [] Paediatric Pathology [] Molecular Pathology [] Specific pathologist: If the specified pathologist is unavailable for more than 5 working days, would you prefer to: Delay the case until their return [] Reassign to the duty consultant / another consultant []	
Hospital / Laboratory address (this will be used to return the material):	
Invoicing details (if different from above):	

N.B.: A copy of the local pathology report must be included with the referral. Please also include a cover letter if you wish to add more information than this form allows.

To access patient results/reports, you will now need to sign up for 'Outreach' which is our online results portal. From here, you can gain access to view patient results/reports securely and quickly. If you're not signed up, please contact us by e-mail as soon as possible.

Website: <https://www.gosh.nhs.uk/wards-and-departments/departments/laboratory-medicine/>

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