



Lab Use Only

# Histology Frozen Section or Fresh Tissue

Health New Zealand  
Te Whatu Ora



Copy to:

Family Name

First Name

Received Lab

Time Taken

NHI Number

Gender

Date of Birth

Number of Specimens Received:

Date Taken

Ward

**AFFIX PATIENT LABEL**

ALSS

Histology

Surgeon/Collector:

Department where Collected: Please circle L4 L8 L9 SSH GSU RAD Operating Room: .....

Circulating Nurse please fill in the following: Your Name ..... OR Phone No. .... No. of Specimens sent with this form .....

### Specimen Tissue Site

Please Specify: .....

Frozen Section

Fresh Tissue

Infectious material?

### Specimen Transport Instructions

1. Use this form for Histology requests only
2. Prior to dispatch phone Histology on ext 22090 (or on call Pathologists after hours via the operator)
3. Send urgently to LabPlus

Itemise and describe specimens - if more than 3 use a second C6506 form and attach together  
Form ..... of .....

1)

2)

3)

### CLINICAL HISTORY **Mandatory**

Completion of this box is mandatory, if the patient is on the Faster Cancer Treatment pathway  
**Patient on Faster Cancer Treatment Pathway (FCT) Tumour Stream** .....

**URGENT** Phone results to Dr ..... Mobile Number ..... / OR extn .....

Clinician Ordering Tests

Mobile/Locator Number: ..... NZMC# or practitioner code# .....

NAME IN BLOCK LETTERS .....

Signature .....

Date .....

AUCKLAND CITY HOSPITAL

CC6506 MARCH 2024

**Specimen:**

**F/S Report:** .....

**Reported to:** ..... **Time:** .....

**Reported by:** ..... **Date:** .....