

National Histopathology Request Form – For use by Transplant Centre*

Name of Transplant Surgeon:	Transplant Surgeon contact number:
Transplant Surgeon signature:	

Patient Information	ODT Number		Date of Birth				
	Forename		NHS/CHI Number (if known)				
	Surname		Sex	M	F		

Sample Information	Date sample taken:		Time sample taken:		Size of lesion:	
	Site/organ of donor lesion: (If more than one sample please specify which is which and size/site of each)					
	Other information: (Where required including transport medium if not saline soaked gauze)					

Clinical Information	Relevant past medical history (to inform histopathology assessment)	
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Results – Who to inform:

1. Preliminary Report: Send a copy/summary of the report **immediately** via secure email to: odthub.operations@nhsbt.nhs.uk for onward dissemination to all relevant centres/individuals. Please include pathologists name and contact number in case surgeon needs to discuss case. **Email must include 3 identifiers from above.** Example template of key information required over page.
2. Final Report: Send via secure email to odthub.operations@nhsbt.nhs.uk **Email must include 3 identifiers from above** (Hub Operations phone number: 0117 9757580 if any difficulties)

*It is understood that some centres will have hospital specific forms that will be required and therefore this form is optional. It is however encouraged that the information present on this form is included on any request form.

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Template of information to be included on summary report

- ODT donor number*
- Donor’s name (forename and surname)*
- Donor’s date of birth*
- NHS/CHI number*
- Hospital of sample origin (Donor hospital)
- Originating site of sample (i.e left kidney/liver/lymph node)
- Histopathology Department reporting
- Date and time sample reported
- Pathologist name and contact number for queries
- Discussed with Surgeon/s: Y/N If yes give details
- Report/result
- Any other comments

*A combination of any 3 of the 4 identifiers listed can be used

For optional laboratory use

Sample details

	Date sample received in department:		Time sample received in department:	
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Provisional Results

	Date results reported:		Time results reported:	
	Who results reported to:			
	Other comments:			

Final Results

	Date results reported:		Time results reported:	
	Who results reported to:			
	Other comments:			