



**Labtests**

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**www.labtests.co.nz**

Surname		Given Names		Title	DOB / /
Sex	Address		Phone No.	<b>NHI No.</b>	
Doctor			Doctor Code	NZMC No.	
Doctor's Address			Copy To		
Doctor's Ref					

## Histology/Cytology Requisition Form

### Specimen

(Diagram Optional)

### Clinical Details

Histology

Frozen Section

Cytology

Other Tests (specify)

**URGENT**

Ph \_\_\_\_\_

Fax \_\_\_\_\_

Signature: \_\_\_\_\_ I certify that this patient and these tests are eligible for publicly funded laboratory services. Date: \_\_\_\_\_