Faculty of Dentistry
Te Kaupeka Pūniho
New Zealand's National Centre for Dentistry

Oral Pathology Centre

310 Great King Street, Dunedin, 9016 | PO Box 56, Dunedin 9054
Tel: (03) 479-7079 Email: oralpath@otago.ac.nz

PATIENT SURNAME GIVEN NAMES

ADDRESS | NHI NUMBER | D.O.B | TICK ONE M / F

LAB USE

Rec:

REQUESTING CLINICIANS NAME | CLINICIANS EMAIL ADDRESS (REQUIRED) | COPIES TO (EMAIL ADDRESS **AND** NAME)

PLEASE CLEARLY PRINT CLINICAL DETAILS

Clinicians Provisional Diagnosis: _____

☐ Radiographs/photos attached
☐ Radiographs/photos emailed
____ No. of containers sent

_____ Clinician Signature

____/____/_____ Date

Patient Consent

Oral Pathology Centre, as part of the Faculty of Dentistry, is involved in teaching, research and continuing education for the dental profession. We request your consent to use your specimen for these purposes, once the diagnosis has been made. You will not be identified from the material used.

_____ **Patients signature as consent**

_____/_____/_____ **Date**

SPECIMEN COLLECTION
TIME_____
DATE _____/_____/_____

URGENT ☐

☐ Biopsy-Incisional
☐ Biopsy-Excisional
☐ Re-excision of lesion
☐ Excision of recurrent lesion

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