



PATIENT SURNAME															GIVEN NAMES														
ADDRESS															DOB					M/F									
REQUESTING CLINICIAN'S NAME										DCNZ/MCNZ NUMBER					NHI Number					Copies to									



LAB USE

Rec:

**PLEASE PRINT CLINICAL DETAILS**

SPECIMEN COLLECTION

TIME \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

**URGENT**

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

## Clinician's 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.

\_\_\_\_\_  
Patient's signature as consent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date