

Cardiff & Vale UHB, Cellular Pathology Services, UHWRequest for: **ELECTRON MICROSCOPY**

Specimen No:

Patient Details: Use admission label or write clearly

Unit No.....M. or F. DOB:

NHS No.

Surname: Forename:

Address:

.....

Postcode:

Hospital and ward:

Consultant in charge (surname in full):

Address for report
(if to be forwarded by EM unit):

Other Reference Number.....

Other information.....

Clinical History:

Suspected clinical diagnosis.....

Previous biopsies: Yes / No (Give details).....

Urgent Yes / No. If yes contact name.....Bleep/extension No.....

Tissue for EM:

Comments:

Date received

Collected by

Time into Glutaraldehyde

2 % Osmium 1½ Hrs Uranyl acetate ½ Hrs

Pathologist:

Araldite Blocks x

Semithins x

Micro appearance of Semi thins:**For: Full EM/ File**

EM on..... Grids stained

EM description:

EM Image Name.....Images X..... Date.....Initials.....