

Specimen No:

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

<b>Patient Details:</b> 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):
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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.....

<b>Tissue for EM:</b> Comments:   Pathologist:	Date received	
	Collected by	
	Time into Glutaraldehyde	
	2 % Osmium 1½ Hrs	Uranyl acetate ½ hr
	Araldite Blocks x	Embedded by:
	Semi thins x	Cut by:
	Ultrathins cut by:	Grids stained by:

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

EM on.....

**EM description:**

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