

**Customer details and requirements**

Hospital Name:

Trust Name:

**CONTACT DETAILS**

**Primary Administration contact**

Name:

Tel:

Email:

**Primary Laboratory contact**

Name:

Tel:

Email:

**ADDRESS DETAILS**

Sample Collection / Return:

Invoicing:

(A hard copy of a purchase order will be required or a covering letter confirming the full name and address of where Source BioScience invoices are to be sent to)

**Work required**

**CELLULAR PATHOLOGY SERVICES:**

Wets to Report	Wets to Slide	Blocks to Report	Blocks to Slide	Pre-prepared slides	Duty of Care / Audit services
Speciality:					(Breast/GI/Mixed etc)
Estimated quantity:					(per week)

It may be necessary to conduct additional work on pre-prepared slide cases (special stains/IHC etc )

Please provide email address for all additional work notifications to be sent to:

Approximate volume or work required

**PRECISION DIAGNOSTICS:**

Routine / Specialist Immunohistochemistry (IHC)	Mutation Status Testing	Endo Predict
In-Situ Hybridisation (ISH)	Toxicity testing	

**Courier requirements** (Not applicable for Precision Diagnostics)

**FREQUENCY REQUIRED FOR PRE-ARRANGED COLLECTION OF SAMPLES:**

Daily	Weekly	Twice Weekly	Ad hoc This will require you to book in advance or by 12am on day required
Other:			
Courier instructions:			

It may be necessary to conduct additional work on pre-prepared slide cases (special stains/IHC etc )

### Delivery of reports

Reports are issued immediately using our secure online reporting system (Secure Portal Access – SPA) for both cellular pathology services and precision diagnostics. Up to two key fobs are provided free of charge for access to reports. Please provide full name and email addresses for each Key Fob.

FOB 1	FOB 2
Name:	Name:
Email:	Email:
Name:	Name:
Email:	Email:
Name:	Name:
Email:	Email:

Additional individuals can be added as required

### Review of requirements

Please indicate frequency of review of the above requirements:

Quarterly      Half Yearly      Annually

Unless otherwise stated review of this document will be conducted annually

### Disposal of residual wet tissue

Following the processing of samples received, Source BioScience disposes of residual tissue samples. This will take place at least 4 weeks after the reporting date. Waste will be disposed of in accordance with our SOP's, local clinical waste policy and current RCPATH guidelines.

**Any samples known to be 'Products of Conception' will be identified and excluded from this process. These will be returned to the originating laboratory for sensitive disposal.**

Please select how you would like Source BioScience to handle residual tissue:

- I authorise Source BioScience to dispose of residual wet tissue
- I request Source Pathology to **return** all residual wet tissue
- I require a longer retention period and therefore authorise Source BioScience to return all residual wet tissue at their normal disposal time

If you have any questions or wish to discuss, please contact Customer Support on +44 (0) 115 973 9012.

Name:	
Position :	
Signature	Date

This form should be signed and returned to [reflab@sourcebioscience.com](mailto:reflab@sourcebioscience.com)

