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| Number of specimens:\_\_\_\_\_\_\_\_\_  Number of pots:\_\_\_\_\_\_\_\_\_\_\_\_\_  SMOM-has patient consented to Histology: Yes  No  (please tick)  Correct transportation medium and container for each specimen: Yes  No  (please tick)  Correctly labelled and named: Yes  No  (please tick)  Do patient details match all containers & forms: Yes  No  (please tick)  There is a specimen present in each container: Yes  No  (please tick)  Scrub Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgeon Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Number of specimens:\_\_\_\_\_\_\_\_\_  Number of pots:\_\_\_\_\_\_\_\_\_\_\_\_\_  SMOM-has patient consented to Histology: Yes  No  (please tick)  Correct transportation medium and container for each specimen: Yes  No  (please tick)  Correctly labelled and named: Yes  No  (please tick)  Do patient details match all containers & forms: Yes  No  (please tick)  There is a specimen present in each container: Yes  No  (please tick)  Scrub Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgeon Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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