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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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