

HISTOPATHOLOGY REQUEST FORM

Patient Name: Mrs. M. Farzadi OP/IP NO: MP NO:

Age/Sex: 40/f Dept: O.B.G. Date/Time: Ref. Dr: Dr. G. Shethna

Provisional Diagnosis / History: 40 yrs old parous lady with
Rt ovarian Haemorrhagic cyst.

Site of Specimen: Rt ovary + fallopian tube + ovarian cyst

Relevant Clinical data: Ovarian Haemorrhagic cyst

(Previous Biopsy/FNAC/X-Ray) Clinical diagnosis: pain abdomen.

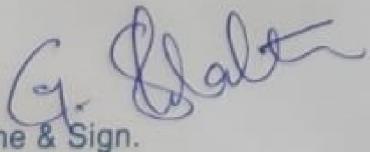
Type of specimen : Large Medium Small

IHC markers Special Stains

Histopath Slides / Block For review : Adequate Inadequate

INSTRUCTIONS FOR FILLING UP FORM:

1. It is mandatory to provide all requested information to enable accurate and timely reporting
2. Immerse specimen completely in appropriate fixative (10% formalin/others) before dispatch with proper labeling as required.



Name & Sign.

(Who send specimen)

Name & Sign.

(Who received specimen)