

## HISTOPATHOLOGY REQUEST FORM

Patient Name: Mrs. M. Laxmi Devi OP/IP NO: ..... MP NO: .....

Age/Sex: 40/f Dept: OBG Date/Time: ..... Ref. Dr: Dr. G. Sreedatta

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

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

Relevant Clinical data : Ovarian Haemorrhagic cyst

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

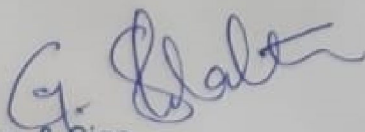
Type of speciment : ☐ Large ☐ Medium ☒ Small

☐ 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)