

Lab No:

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National Reference Laboratory: Sector 18, Block E, Rohini, New Delhi 110 085
 Tel: 91-11- 3040 3210, 3988 5050. Fax: 91-11-3040 3204
 E-mail: lalpathlabs@lalpathlabs.com Website: www.lalpathlabs.com

Please send to:

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 Dr. Lal PathLabs Ltd, Block E,
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HISTOPATHOLOGY REQUISITION FORM

Corporate _____ Referring Doctor DR. NIRMAL Date 09/10/23
Law Bhaskar Yadav TAWAR
 Name _____ Date of Birth _____ Sex: ☒ Male / Female
 Telephone _____ Collection Centre Ananta Hospital RCC _____
 (if different)

Site of Specimen: UP Bune Venues

Relevant Clinical History:

Fibrous. - ?

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type of Specimen:

☐ Large ☐ Medium ☒ Small

☐ Miscellaneous
☐ IHC markers
☐ Special Stains
☐ Microphotography

Histopath Slides / Block for review:**Fixation**

☐ Adequate
☐ Inadequate

2389494**INSTRUCTIONS FOR FILLING UP FORM:**

1. Please tick appropriate boxes only as ✓
2. Please furnish complete clinical details along with Request form.
3. Samples details not covered above should be entered in Miscellaneous box.
4. Do not omit telephone number of Patient / Referring Doctor.
5. Immerse specimen completely in appropriate fixative (10% formalin / others) before dispatch.
6. Rs. 200/- extra charges for microphotography requests.

12/10/2023