KAHATE PATHOLOGY LABORATORY

146, Railway Lines, Rohan Commercial Centre,
Opp. Vijay Clinic, Solapur - 413 001.
Lab Phone No.: (0217) 2319919

Dr. Kedar Kahate
M.D. (Pathology)

Lab. Time
8-30 A.M. to 8 P.M.
(24 hrs emergency Ser

H. P. No. _____ Date _____

REQUISITION FOR HISTOPATHOLOGICAL EXAMINATION

Name of Patient Tarabai Khetes

Address Sarthak Hospital Tuljapur

Sex : Age :

Referred by Dr. Dr. Rochkari K. P

Nature of Specimen

Clinical Diagnosis : (1) Ovarian cyst (Undge

Short History : n/o mass felt abdo Abdo

(Menstrual History & Last Menstrual Period in case of Endometrial Curetting)

clo abd pain
post menopausal pt
No other complaints.

Results of relevant laboratory and other investigations.

Please preserve the specimen in 10% formalin after it is removed.
A cut through the larger specimen will facilitate proper fixation.

Received Slide & Block

Name :

Sig. :

Date :

स्पेसिमन स्विकारण्याची सोय :
डॉ. कहाते पॅथॉलॉजी लॅबोरेटरी
४३, नवी पेठ, नामदेव चिवडा जवळ,
सोलापूर. फोन नं. : २७२६६७०

ओम
रोहन कमर्शियल सेंटर,
विजय क्लिनीक समोर,
फोन नं.:
वेळ : सकाळी ८-