



Dr Lal PathLabs Ltd

Lab No:



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HISTOPATHOLOGY REQUISITION FORM (Form-2)

Corporate _____

Name Mr. Ushan Shyam Ahirwar

Referring Doctor H.K. JAIN

Date 18/05/2024

Telephone _____

Date of Birth 40/years

Sex: ☒ Male / ☐ Female

Collection Centre Code No.-UJ17
SRINIVASA LABORATORY SERVICE
JHANSI (U.P.)

RCC _____
(if different)

Site of Specimen:

Relevant Clinical History:

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical (

Type of Specimen:

☐ Large ☒ Medium ☐ Small

SRI ADINATH RESEARCH CENTRE-JHANSI

BIOPSY

DATE 17/5/24

PT. Ghanshyam Ahirwar 40y 1m

Consultant : Dr. Amit Kumar Jain MS(PGI), DNB ENT

MOBILE- 09455518500/ 09532094325

Specimen: ① lateral border tongue
when 1.5x 1.5cm

Inv: HPE

DIAGNOSIS - ?MALIGNANT

Ant end → long single suture

Sup end → short double suture

Histopath Slides / Block for review:

Fixation

☐ Adequate

☐ Inadequate

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.