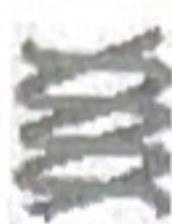


Lab No: **Dr Lal PathLabs Ltd**A0661315

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Corporate \_\_\_\_\_

**HISTOPATHOLOGY REQUISITION FORM**Referring Doctor DR. ApurvaDate 17/12/19Name Bajarkhan Patel

Date of Birth \_\_\_\_\_

Sex: Male / Female Telephone 6232543935

Collection Centre \_\_\_\_\_

RCC \_\_\_\_\_

(if different) \_\_\_\_\_

Site of Specimen:

uterusRelevant Clinical History: - prolapse.

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**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.