

Lab No: **Dr Lal Path Labs Ltd**

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**Please send to:**

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**HISTOPATHOLOGY REQUISITION FORM**

Corporate \_\_\_\_\_ Referring Doctor Dr. Ambalika Thakur Date 21/5/24  
 Name Seniti Sahu Date of Birth \_\_\_\_\_ Sex: Male / Female   
 Telephone 7723093820 Collection Centre Dh Kaul RCC \_\_\_\_\_  
 (if different)

Site of Specimen:

Relevant Clinical History:

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

*Histopathology for  
 uterus & cervix &  
 Bilateral Tube*

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.