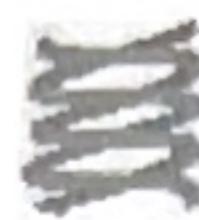


Lab No: **Dr Lal PathLabs Ltd**

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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 National Reference Laboratory
 Dr. Lal PathLabs Ltd, Block E,
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Telephone: +91-11-30244139 Extension 343
 Fax: +91-11-27882134,
 website: www.lalpathlabs.com
 Email: Histopath.lpl@lalpathlabs.com

HISTOPATHOLOGY REQUISITION FORM

Corporate _____

Referring Doctor Dr. Ambika ThakurDate 21/5/24Name Suniti Singh

Date of Birth _____

Sex: Male / Female Telephone 9723093820Collection Centre Dh漏lRCC _____
(if different)

Site of Specimen:

Histopath for
 uterus C cervix C
 Bilateral tube

Relevant Clinical History:

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.