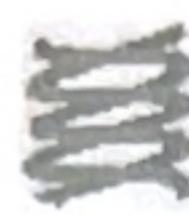


Lab No: **Dr Lal PathLabs Ltd**

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 website: www.lalpathlabs.com
 Email: Histopath.Ipl@lalpathlabs.com

HISTOPATHOLOGY REQUISITION FORM

Corporate _____

Referring Doctor Dr. Ambati kaDate 21/5/24Name Pramila
SahuDate of Birth 40y1Sex: Male / Female Telephone 8652600860Collection Centre DnkwdRCC _____
(if different)

Site of Specimen:

*Histopath for
 uterus & cervix
 C B/L. 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.