

Doc. No. : LPL/HT/QF/751

Lab No:



**Dr Lal Path Labs Ltd**

A 066 1318

National Reference Laboratory: Sector 18, Block E, Rohini, New Delhi 110 085

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**Please send to:**

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**HISTOPATHOLOGY REQUISITION FORM**

Corporate \_\_\_\_\_

Referring Doctor Dr. Mangusha

Date 17/5/24

Name Dasari Sahy Date of Birth \_\_\_\_\_

Sex: Male / Female

Telephone 7999439709 Collection Centre \_\_\_\_\_

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

Site of Specimen:

Relevant Clinical History: uterus cervical bilateral fallopian tube ovary

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.