

Lab No: 

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HISTOPATHOLOGY REQUISITION FORM (Form-2)			
Corporate _____	Referring Doctor <u>Ambalika Chakur</u>	Date <u>18/08/2024</u>	
Name <u>Mrs. Sushila Bai Sahu</u>	Date of Birth <u>44y</u>	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Telephone _____	Collection Centre _____	RCC _____ (if different)	

Site of Specimen: endometrium.

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.