

Lab No:

A0661320



Dr Lal PathLabs Ltd

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HISTOPATHOLOGY REQUISITION FORM

Corporate _____

Referring Doctor _____

Date 15/6/24Name Susheela Sahu

Date of Birth _____

Sex: Male / Female

Telephone 6266968610

Collection Centre _____

RCC _____
(if different) usy

Site of Specimen:

Uterus (BIL tubes
CIO bleeding PV excuseme)

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

PAP smears - NLCM

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.