

Lab No:

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A0661320



Dr Lal Path Labs Ltd

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Email: Histopath.lpl@lalpathlabs.com

HISTOPATHOLOGY REQUISITION FORM

Corporate _____

Referring Doctor R. AmbekarDate 15/6/24Name Sushila Sahni

Date of Birth _____

Sex: Male / Female

Telephone 6266968610

Collection Centre _____

RCC _____
(if different)Site of Specimen: UTERUS EBIL tubesRelevant Clinical History: 10 Bleeding PV (excessive)

Additional Clinical and Relevant Data:

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

PAP smear - NILM

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.