

Lab No: 

--	--	--	--	--	--	--	--	--	--



Dr Lal Path Labs Ltd

A0661319

National Reference Laboratory: Sector 18, Block E, Rohini, New Delhi 110 085  
 Tel: 91-11- 3040 3210, 3988 5050. Fax: 91-11-3040 3204  
 E-mail: lalpathlabs@lalpathlabs.com Website: www.lalpathlabs.com

Please send to:

Department of Histopathology  
 National Reference Laboratory  
 Dr. Lal PathLabs Ltd, Block E,  
 Sector 18, Rohini, Delhi 110085

Telephone: +91-11-30244139 Extension 343  
 Fax: +91-11-27882134,  
 website: www.lalpathlabs.com  
 Email: Histopath.lpl@lalpathlabs.com

## HISTOPATHOLOGY REQUISITION FORM

Corporate \_\_\_\_\_ Referring Doctor *R. Ambekar* Date 15/6/24  
 Name Lachhan Yadau Date of Birth \_\_\_\_\_ Sex: Male / Female MS  
 Telephone 6268626125 Collection Centre \_\_\_\_\_ RCC \_\_\_\_\_  
 (if different)

Site of Specimen: UTERUS & BIL tubsRelevant Clinical History: AUB-L C/O excessive bleedingAdditional 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:

*AD*

## 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.