

Lab No: 

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A0661319

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**HISTOPATHOLOGY REQUISITION FORM**

Corporate \_\_\_\_\_ Referring Doctor Dr. Ambika Thakur Date 15/6/24  
 Name Lachhain Yadav Date of Birth \_\_\_\_\_ Sex: Male / Female U54  
 Telephone 6268626125 Collection Centre \_\_\_\_\_ RCC \_\_\_\_\_  
 (if different)

Site of Specimen: Wtons of BIL tubesRelevant Clinical History: AUB-L cl/0 excessive bleeding w/Additional Clinical and Relevant Data:  
 (Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: PAP smas NLCM**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.

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