

Lab No:

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**Dr Lal Path Labs Ltd**

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

Please send to,

Department of Histopathology
 National Reference Laboratory
 Dr. Lal Path Labs 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 Dr. M. Yadav Date 16/7/24
 Name Saraswathi Date of Birth 43y. Sex: Male / Female ☒
 Telephone _____ Collection Centre Dhulewadi • RCC _____
 (if different)

Site of Specimen:

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

Type of Specimen:

Histopath for.

utrus + Cervix + B/L fallopian
 tube + Rt ovarian
 mass of 10x8cm + 1 ovary

☐ Large ☐ Medium ☐ Small
☐ Miscellaneous☐ IHC markers☐ Special Stains☐ Microphotography

Histopath Slides / Block for review:

Fixation

☐ Adequate☐ Inadequate**INSTRUCTIONS FOR FILLING UP FORM:**

- Please tick appropriate boxes only as ✓
- Please furnish complete clinical details along with Request form.
- Samples details not covered above should be entered in Miscellaneous box.
- Do not omit telephone number of Patient / Referring Doctor.
- Immerse specimen completely in appropriate fixative (10% formalin / others) before dispatch.
- Rs. 200/- extra charges for microphotography requests.

Gross 46 years P/L done c AUB(O)

— Uterus + Cervix + B/L fallopian tube c

— Rt ovarian mass of 10x9cm. + left ovary.

multilobulated, solid in consistency, irregular margin
on cut section - solid component, no hemorrhagic spots or fluid
left ovary - Normal.

c omental Bx & peritoneal fluid.

Adv

CA19-9 - 4.3

USG - S/O - Right ovary - 12x6cm c mild
vasculature ? ovarian neoplasm c hemorrhagic
cyst.

CA125 - 5.03

LDH - 288.5

uterus - 9.3x4.3x5.2cm c ? small intramural
fibroid.

CECT - no enlarged lymph node.

Solid - 10.4 x 8.4 x 7.6cm sharply def defined mass.
no cystic component on Rt ovary
left ovary Normal.