

Doc. No. : LPL/HT/QF/761

Lab No: 467828839



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**HISTOPATHOLOGY REQUISITION FORM (Form-2)**

Corporate \_\_\_\_\_ Referring Doctor Dr. Shradha Mishra Date 08/08/2011  
Name Prithi Dubey Date of Birth 30/07/1988 Sex: Male / Female  
Telephone \_\_\_\_\_ Collection Centre \_\_\_\_\_ RCC \_\_\_\_\_  
(if different)

Site of Specimen: left Adnexa (fallopian tube + Ovary)

Relevant Clinical History: ? Ruptured Ectopic pregnancy.

Additional Clinical and Relevant Data:  
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

**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.