

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

Lab No: 467828839



Dr Lal PathLabs Ltd

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HISTOPATHOLOGY REQUISITION FORM (Form-2)

Corporate _____ Referring Doctor Dr. Shradha Mishra Date 08/08/2011

Name Positi Dubey Date of Birth 30/07/1981 Sex: Male / Female

Telephone _____ Collection Centre _____

RCC _____
(if different)

Site of Specimen: left Adenosal (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

Medium A0842188

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.