Doc. No. : LPL/HT/QF/751

Lab No: [ ][ ][ ][ ][ ][ ][ ][ ]

Dr Lal PathLabs Ltd

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 Dr. Archana Kashyap Date 9/08/24

Name Mrs Neeta Dhurve Date of Birth 40/F Sex: Male / Female

Telephone 9424162454 Collection Centre Jai Jagannath Hospital K.W.-d. RCC _____ (if different)

Site of Specimen: Uterus.

Relevant Clinical History:- Bleeding and Abdominal pain

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

large-A0842187

Type of Specimen:

☑ Large ☐ Medium ☐ Small

Jai Jagannath Hospital
Kawardha (C.G)

Histopath Slides / Block for review:

☐ Miscellaneous
☐ IHC markers
☐ Special Stains
☐ Microphotography

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.