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

Lab No: | | | | | | | | | |

Dr Lal PathLabs Ltd

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HISTOPATHOLOGY REQUISITION FORM

Corporate _____ Referring Doctor DR N. Yadav Date 13/08/24

Name Seeta bai Sinham Date of Birth 50yr Sex: Male / ~~Female~~

Telephone _____ Collection Centre OHC Wd 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:

☑ Large ☐ Medium ☐ Small

☐ Miscellaneous
☐ IHC markers
☐ Special Stains
☐ Microphotography

histopath for uterus, cervix, bilateral fallopian tube

Histopath Slides / Block for review:

Fixation

☐ Adequate
☐ Inadequate

Dr. Manjusha Yadav MS OBGY
Reg No:- CGMC 14164 / 2023
Govt District Hospital-Kabirdham

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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