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

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

Dr Lal PathLabs Ltd

AO66/792

National Reference Laboratory: Sector 18, Block E, Rohini, New Delhi 110 085
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HISTOPATHOLOGY REQUISITION FORM

Corporate _____ Referring Doctor DR M.yadav Date 25/10/24

Name Chandrika Kaleram Date of Birth 44yr Sex: Male / Female

Telephone 6264744614 Collection Centre Dhaod 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 BL fallopian tube Rt Sidewall

Histopath Slides / Block for review: 1

DR M.yadav

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.