

Lab No: []



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HISTOPATHOLOGY REQUISITION FORM (Form-2)

Corporate _____ Referring Doctor Dr. Apurva Date 7/12/24
 Name Santosh Date of Birth _____ Sex: Male / Female _____
 Telephone _____ Collection Centre DH RCC _____
 _____ Kawardha (if different)

Site of Specimen: UterusRelevant Clinical History: TAH + B/L salpingectomyAdditional 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.