

Large Bx - AIS13231

Small - AIS13233

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

Lab No:

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Cytology - AIS13234

Dr Lal PathLabs Ltd

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

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HISTOPATHOLOGY REQUISITION FORM

Corporate _____

Referring Doctor DR N. Yadav

Date 21/12/24

Name Rachika

Date of Birth 42yr

Sex: Male / Female

Telephone 784846
2206

Collection Centre onkard

RCC _____
(if different)

Site of Specimen:

Relevant Clinical History: - Pain in lower Abdomen since 1 month.

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: USG - Biliary lithiasis.

Type of Specimen:

☐ Large ☐ Medium ☐ Small

☐ Miscellaneous

☐ IHC markers

☐ Special Stains

☐ Microphotography

① Uterus ex + BL ft to vary c ovarian cyst

Histopath Slides / Block for review:

② c peritoneal fluid cytology

③ c omental biopsy

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.