

A1514093

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

Lab No:



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 (Form-2)**

Corporate \_\_\_\_\_ Referring Doctor Dr. Shraddha mishra Date \_\_\_\_\_

Name Mrs. Malti Sahu Date of Birth 3/7 Sex: Male / Female

Telephone \_\_\_\_\_ Collection Centre \_\_\_\_\_ RCC \_\_\_\_\_  
(if different)

Site of Specimen: Uterus - (L) Ovary.

Relevant Clinical History: Heavy menstruation. Bleeding.

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 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.