

Lab No:

A	0	6	6	1	3	6	2
---	---	---	---	---	---	---	---

**Dr Lal Path Labs Ltd**

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 Path Labs 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

Corporate _____ Referring Doctor Dr. D. Vema Date 22/1/25
 Name Munij Khan Date of Birth 35y Sex: Male / Female
 Telephone _____ Collection Centre Mewat RCC _____
 (if different)

Site of Specimen:

Histopath for
sub serosal fibroid

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 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.