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

Lab No: A0661366

Dr Lal PathLabs Ltd

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HISTOPATHOLOGY REQUISITION FORM (Form-2)

Corporate _____ Referring Doctor Dr. Shraddha Mishra Date 23/01/25

Name Mrs. Uttra Sahu Date of Birth 43 year/F Sex: Male / Female

Telephone 9755992685 Collection Centre _____ RCC _____ (if different)

Site of Specimen: Cervix, Uterus Bilateral Ovary & Fallopian Tube

Relevant Clinical History: Heavy Menses & Clots.

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

DR.SHRADDHA MISHRA
MBBS. DGO (MUMBAI)
OBS-GYNAECOLOGIST

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.