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HISTOPATHOLOGY REQUISITION FORM (Form-2)

Corporate _____

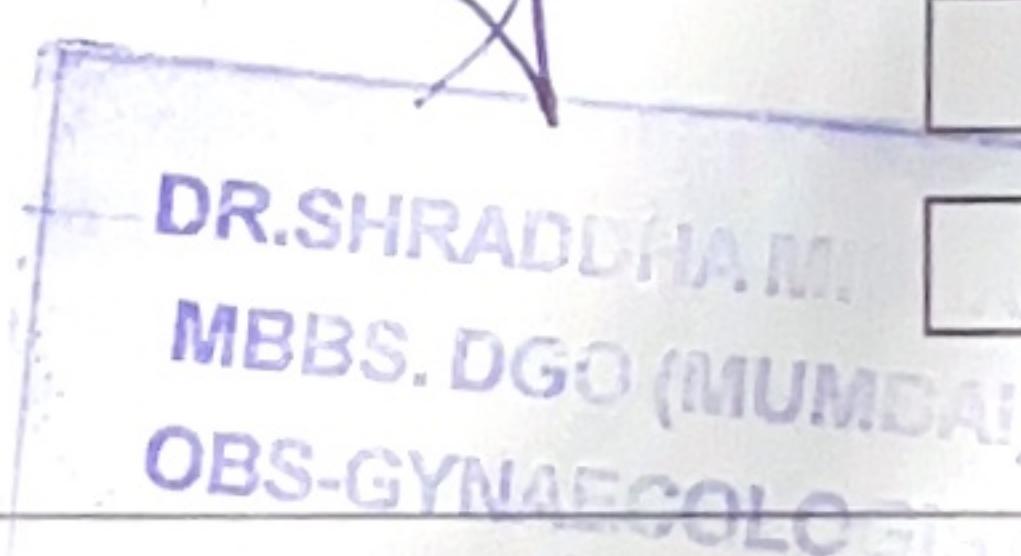
Referring Doctor Dr. Shraddha MishraDate 23/01/25Name Mrs. Uttra SahniDate of Birth 43 year / FSex: Male / Female Telephone 9755992685

Collection Centre _____

RCC _____
(if different)Site of Specimen: Cervix, Uterus Bilateral Ovary & Fallopian TubeRelevant 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**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.