

Lab No:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

**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 (Form-2)Corporate _____ Referring Doctor Dr. Shraddha Mishra Date 23/01/25Name Mrs. Uttara 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 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

DR. SHRADDHA M.
MBBS. DGO (MUMBAI)
OBS-GYNAECOLOGY

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.