

Lt. Bisahu Das Mahant Memorial Medical College

Associated Indira Gandhi District Hospital Korba (CG)

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REQUISITION FORM FROM PATHOLOGICAL INVESTIGATION / TRF

OPD/IPD No.	2500 / 12749
Pt. Name (Block letter) Mr./Mrs.	Sangeeta
Age & Sex	31y / F
Advised / Referring By Dr.	Dr. R. P. Pal
Dr. Mobile No.	
Date & Time of requisition	12/6/25
Sampling Date & Time	12/6/25
Diagnosis	Dermoid cyst
Brief Clinical History	Dermoid cyst

Sr.No	Test Description in (Block letter)	Specimen type
1	RL sided ovarian cystectomy + Oophorectomy	RL ovarian cyst
2		
3	HPR	
4		
5		
6		
7		
8		

Consultant HOD Seal & Signature	Joint Director cum Hospital Superintendent GMC Korba	Received & Dispatched Seal & Signature
 Dr. Rakesh Thakur Pathologist & Head Pathology (DGO-NBME 2005) Consultant Pathologist (DPL 1985) Korba Pathology, Korba Pathology Department		
Seal & Signature of every department is mandatory		

Sample Received by

ADVANCE DIAGNOSTIC CENTER

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