

# Lt. Bisahu Das Mahant Memorial Medical College

Associated Indira Gandhi District Hospital Korba (CG)

2

## REQUISITION FORM FROM PATHOLOGICAL INVESTIGATION / TRF

OPD/IPD No.	2500 / 12749
Pt. Name (Block letter) Mr./Mrs.	Singhania
Age & Sex	31y / F
Advised / Referring By Dr.	Dr. Rupal
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	Rt sided ovarian cystectomy +	Rt Ovary +
2	Oophorectomy	cyst.
3	HPR	
4		
5		
6		
7		
8		

Consultant HOD Seal & Signature  Rupal डॉ. रूपल ठाकुर एडवुज्ड एवं मेडिकल रोग विशेषज्ञ (DGO-MBBS) जीनियल पैथोलॉजिस्ट (एडि. 7385) विशेषज्ञ महामांसशास्त्र, कोरबा	Joint Director cum Hospital Superintendent GMC Korba	Received & Dispatched Seal & Signature
Seal & Signature of every department is mandatory		

Sample Received by

ADVANCE DIAGNOSTIC CENTER

C1-C2/17A, NEAR NIHARIKA TALKIES KORBA-495677 MOBILE - 8602599178, 9300888178

Email: hr.adcpathlab@gmail.com Website: www.adcpathlabs.com