

CYTOLOGY REQUISITION FORM



(To be filled by lab) Cyto No. :

PVT

Tick whichever is appropriate Gynaecology Specimen

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Non-Gynaecology Specimen

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Name of Patient :

Name : Mr. VISHAL RAO SAHEB LAGAD
UHID : 41817
IPD/OPD No : IPD/25-26/20407
Age : 45Y/0M/0D, (Male)
Doctor : Dr. VIRENDRA JAISWAL
Adm Date : 2025-10-18 11:44:17.0

request :

18/10/2025

Age :

Sex :

Ref. No. :

Name of Referring Consultant :

Please fill in all details completely and legibly

Date of Sample Collection :

Excisional biopsy

Type of Specimen sent :

Sebacous cyst

Brief Clinical history :

Results of Previous Lab / Radiological Investigations :

Specimen sent for

H/O Treatment Received :

UPE

LMP (If Gynecologic Specimen)

2

Any Other Specific Requests

To be filled by laboratory

Nature of Material Received :

No. of Fluid Containers :

No. of Slides : Stained :

Unstained :

Received By (Signature of Tech) at (Time)

Any Additional Test Done (Specify) :