

**CYTOLOGY REQUISITION FORM**



(To be filled by lab) Cyto No. :

*PVT*

Tick whichever is appropriate Gynaecology Specimen

Non-Gynaecology Specimen

**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 : *F811011028*

**Age :**

**Sex :**

Ref. No. :

**Name of Referring Consultant :**

Please fill in all details completely and legibly

Date of Sample Collection :

*Exisional biopsy*

Type of Specimen sent :

*Sebaceous cyst*

Brief Clinical history :

Results of Previous Lab / Radiological Investigations :

*Specimen sent for*

H/O Treatment Received :

*MPR*

LMP (If Gynecologic Specimen)

*R*

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) :