



HISTOPATHOLOGY TEST REQUEST FORM

Date		PASTE BARCODE HERE
Org. Code		
Name Of Org.		
Referring Doctor		Doctor's Mobile Number

PATIENT DETAILS

Patient Name			
<input type="radio"/> S/O <input type="radio"/> D/O <input type="radio"/> W/o			
Age	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Mobile Number

Relevant History

Previous Biopsy/ FNAC/X-Rays, Findings etc

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Site/ Name of Specimen	
Type of Specimen	<input type="radio"/> Small B1031 <input type="radio"/> Medium B1030 <input type="radio"/> Large B1029 <input type="radio"/> Complex Extra Large B1028

Small Specimen

- Endometrium Cervical Biopsy Appendix Fallopian Tubes Small diagnostic/ incision biopsy
 Endoscopic Biopsies Skin Biopsy Trucut Biopsies Other

Medium Specimen

- Gall Bladder Fistula / Sinus Prostate (TURP)/ Enucleation Ovarian Cyst Ovarian Cyst
 Products of Conception Breast Lump Small Excision Biopsies Lymph Node Pilonidal Sinus
 Fibroids (Enucleated) Other

Large Specimen

- Uterus & Cervix with or without Adnexae/Fibroids Ovarian Tumors/Large Cyst Non tumorous cond. of
 Thyroid gland/Testes/Kidney - Nephrectomy / Intestinal Resection LymphNode (Block dissection) Other

Complex Extra Large Specimen

- Cancer Specimen Hemi / Total Colectomy Large Bone Resection Ovarian Tumor Section
 Radical Nephrectomy for Cancer Soft Tissue Tumour Resections

Doctor's Signature

- Instructions for Filling Up Form :
1. Please furnish complete clinical details along with request form.
 2. Do not omit telephone number of Paent / Reffering Doctor.
 3. Immerse specimen completely in appropriate fixave (10 % Formalin / Others) before dispatch.
 4. Extra Charges for Block & Slide request.