



Reference Laboratory
28-29, Sector-18 (P)
Gurgaon- 122015

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HISTOPATHOLOGY REQUISITION FORM

Lab No.

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1 Patient Name Rajni devi 5 Referring Doctor Dr. Neeraj Jain (M.D)
 2 Age/Sex 52 / F 6 Date 11/07/18
 3 Date of Birth _____ 7 Phone Number 93 58271295
 4 Collection Centre Accurate pathology 8 Site of Specimen Maya hospital

9 Relevant Clinical History:

→ Vaginal bleeding.
 → White discharge per vagina.
 →

10. Additional Clinical and Relevant Data: (Previous Biopsy/ FNAC/USG/MRI/CT/X-RAY etc.)
 Clinical Diagnosis:

hypochronic lesions on Endometrium
on + off vaginal bleeding.

11. Type of Specimen:

Large <input checked="" type="checkbox"/>	Microphotography <input type="checkbox"/>
Medium <input type="checkbox"/>	IHC Marker <input type="checkbox"/>
Small <input checked="" type="checkbox"/>	Special Stain <input type="checkbox"/>
Miscellaneous <input type="checkbox"/> specify _____	

12. Histopath Slides/Block for review:

Fixation
 Adequate
 In Adequate

Instructions for filling up form:

1. Please tick appropriate boxes only as v
2. Please furnish complete clinical details along with Request Form.
3. Sample details not covered above should be entered in Miscellaneous box.
4. Do not omit telephone number of Patient/ Referring Doctor.
5. Immerse specimen completely in appropriate fixative (10% formalin/others) before dispatch.

[Handwritten signature and date]
 11/7/18