Neuberg Supratech

REFERENCE LABORATORIES

TEST REQUISITION FORM

HISTOPATHOLOGY

PATIENT DETAILS

Full Name ______________________ **Age** ______________________

Sex ☐ Male ☐ Female ☐ Others **Date Of Operation** ______________________

E-mail ID* ______________________ **Contact No** ______________________

Address ______________________

City / State / Postal Code ______________________ **Country** ______________________

Consultant Name ______________________

Consultant Contact Number ______________________ **Consultant Email ID** ______________________

Sample Collection Date ______________________ **Sample Collection Time** ______________________

Type of Specimen Sent :

Cold Ischaemia Time :

Time tissue immersed in fixative after surgical removal: ______Hours/ ☐ Unknown

Test(s) Requested :

(Tick all that apply)

For Routine ☐

Special Stains ☐

IF ☐

Review ☐

CLINICAL DETAILS

____

____

____

RADIOLOGICAL FINDINGS

____

____

____

PREVIOUS CYTOLOGY OR BIOPSY REPORT

____

____

____

PROVISIONAL DIAGNOSIS

____

____

____

____

____

____

____

Neuberg Supratech Reference Laboratories

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 I 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com