

LAB REQUISITION FOR HISTOPATHOLOGY

Patient Name :

Age :

Sex :

Address:

Date of Operation :

Consultant Name :

Consultant Contact number:

Consultant Contact Email:

Type of Specimen Sent :

(Guidelines for sample collection provided overleaf)

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

Clinical Details :

Review

Radiological Findings :

Previous Cytology or Biopsy Report :

Provisional Diagnosis :

Note : Please fill in separately designed colour coded lab requisition for cytology & IHC examinations. Guidelines for sample collection provided overleaf.

Neuberg Supratech Reference Laboratories

કેદાર', કૃપા પેટ્રોલ પમ્પ સામે, પરિમલ ગાર્ડન પાસે, એલિસબ્રિજ, અમદાવાદ-૬

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone: 079-40408181 / 61618181 | Email : contact@supratechlabs.com

Website : www.neubergsupratech.com

Report collection time: Mon - Sat (8 am to 8 pm) Sunday (upto 2 pm)

સર્વિસ ૨૪ કલાક માટે ઉપલબ્ધ • For more details turn overleaf