

Lab No:



*Dr Lal Path Labs Ltd.*

National Reference Laboratory: Sector 18, Block E, Rohini, New Delhi 110 085  
Tel: 91-11- 3040 3210, 3988 5050. Fax: 91-11-3040 3204  
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**Electron Microscopy Referral Form**

*Please send to:*

Department of Histopathology  
National Reference Laboratory  
Dr. Lal PathLabs Ltd, Block E,  
Sector 18, Rohini, Delhi 110085

Telephone: +91-11-30244139 Ext. 345  
Fax: +91-11-27882134,  
website: www.lalpathlabs.com  
Email: histopath.lpl@lalpathlabs.com

**Referring Physician/Doctor**

Name:

Institute/Laboratory:

City:

State:

Phone no (preferably mobile no):

Email address:

Nature of specimen:  Renal Biopsy  Muscle biopsy  Nerve biopsy  Skin biopsy  
 Other (Please specify site) .....

**Note :**

- 1. Please submit the biopsy in buffered 3.5 % glutaraldehyde solution vials (available from LPL)
- 2. Please attach the report/ findings of routine histopathology/ immunofluorescence examination with this form

**Patient Information**

Date of Biopsy: .....

Time of Biopsy: .....

Name: .....

Age:.....

Sex: .....

Brief History and Clinical Diagnosis:

Any Other relevant Information:.....

*Signature*