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

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