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HISTOPATHOLOGY REQUISITION FORM

Corporate _____ Referring Doctor _____ Date _____
Name _____ Date of Birth _____ Sex: Male / Female
Telephone _____ Collection Centre _____ RCC _____
(if different)

Site of Specimen:

Relevant Clinical History:

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type of Specimen:

Large Medium Small

 Miscellaneous IHC markers Special Stains Microphotography**Histopath Slides / Block for review:****Fixation** Adequate Inadequate**INSTRUCTIONS FOR FILLING UP FORM:**

1. Please tick appropriate boxes only as ✓
2. Please furnish complete clinical details along with Request form.
3. Samples 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.
6. Rs. 200/- extra charges for microphotography requests.

<input type="checkbox"/>	J 001	HISTOPATHOLOGY, BIOPSY, SMALL SPECIMEN <input type="checkbox"/> Endometrium <input type="checkbox"/> Cervical biopsy <input type="checkbox"/> Endoscopic biopsies <input type="checkbox"/> Trucut biopsies <input type="checkbox"/> Appendix <input type="checkbox"/> Fallopian Tubes <input type="checkbox"/> Conjunctival Biopsy <input type="checkbox"/> Small diagnostic / incision biopsies
<input type="checkbox"/>	J 092	HISTOPATHOLOGY, BIOPSY, MEDIUM SPECIMEN <input type="checkbox"/> Breast lump <input type="checkbox"/> Pilonidal sinus <input type="checkbox"/> Fistula / Sinus Lymph Node <input type="checkbox"/> Ovarian Cyst <input type="checkbox"/> Eyeball (Non tumorous) <input type="checkbox"/> Gall bladder <input type="checkbox"/> Prostate(TURP) / Enucleation <input type="checkbox"/> Superficial lumps <input type="checkbox"/> Brain & Spinal cord tumors <input type="checkbox"/> Small excision biopsies <input type="checkbox"/> Uterus with cervix <input type="checkbox"/> Fibroids (Enucleated) <input type="checkbox"/> Products of conception
<input type="checkbox"/>	J 012	HISTOPATHOLOGY, BIOPSY, LARGE SPECIMEN <input type="checkbox"/> Uterus with cervix & adnexae / Fibroids <input type="checkbox"/> Ovarian tumors / Large cysts <input type="checkbox"/> Eyeball (tumorous) <input type="checkbox"/> Non tumorous conditions of Thyroid gland / Testes / Kidney - Nephrectomy / Intestinal resection <input type="checkbox"/> LymphNode (Block dissection)
<input type="checkbox"/>	J 116	HISTOPATHOLOGY, BIOPSY, LARGE, COMPLEX CANCER SPECIMEN <input type="checkbox"/> Esophagectomy <input type="checkbox"/> Gastrectomy <input type="checkbox"/> Mastectomy <input type="checkbox"/> Hemi / Total colectomy <input type="checkbox"/> Large Bone Resection <input type="checkbox"/> Ovarian Tumor Resection <input type="checkbox"/> Radical Nephrectomy for Cancer <input type="checkbox"/> Radical Neck Dissection <input type="checkbox"/> Radical Hysterectomy <input type="checkbox"/> Radical Orchidectomy <input type="checkbox"/> Soft Tissue Tumor Resections <input type="checkbox"/> Head & Neck Resection
<input type="checkbox"/>	J 117	HISTOPATHOLOGY, BIOPSY, SKIN
<input type="checkbox"/>	J 118	HISTOPATHOLOGY, BIOPSY BONE <input type="checkbox"/> Small biopsy, <input type="checkbox"/> Medium biopsy