



HISTOPATHOLOGY TEST REQUISITION FORM

(Tissue for Histopathological Examination)

Lab No. : _____

Date : ____ / ____ / ____

PATIENT DETAILS

Patient Name : _____
Age / Sex : ____ Years ☐ Male ☐ Female ☐ Other
Patient ID : _____
Contact No. : _____
Address : _____

REFERRING DOCTOR DETAILS

Doctor's Name : _____
Clinic / Hospital : _____
Contact No. : _____
Email ID : _____
Address : _____

CLINICAL DETAILS

Clinical History / Provisional Diagnosis : _____

Relevant Investigations (if any) : _____

Nature of Specimen / Site : _____
Duration of Lesion / Symptoms : _____
Previous Treatment / Surgery / Biopsy (if any) : _____
Clinical Impression / Differential Diagnosis : _____

SPECIMEN DETAILS

☐ Biopsy ☐ Excision ☐ Resection ☐ Curettage
☐ Endoscopy Biopsy ☐ Polypectomy ☐ Lymph Node
☐ Bone / Soft Tissue ☐ Other : _____
Site of Specimen : _____
No. of Specimen(s) : _____
In Formalin : ☐ Yes ☐ No
Date & Time of Collection : _____
Any Special Request : _____

TEST REQUESTED

☐ Histopathological Examination (H&E)
☐ Frozen Section (Intra-operative)
☐ Immunohistochemistry (IHC)
☐ Special Stains (Specify) : _____
☐ Second Opinion / Slide Review
☐ Others : _____

IMPORTANT NOTES

- Please send specimen in 10% Neutral Buffered Formalin.
- Clearly label the container with patient name, ID and site.
- Fill complete clinical details for accurate diagnosis.
- Contact laboratory for any special requirements.

*Thank you for
your trust...*



Head Office:

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Processing Office:

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