HISTOPATHOLOGY REQUISITION FORM

Regd.No: ..... Date: .....

PATIENT NAME : ..... AGE: .....

Ref. Hospital / Clinic ..... SEX: ☐ Male ☐ Female

Referred by.Dr. ..... Contact No: .....

- **CLINICAL DIAGNOSIS:** .....
- **Specimen From / Site:** .....

Specimen No.1:

Specimen No.2:

Specimen No.3:

- **TYPES OF SPECIMEN:**

Surgical: .....

Endoscopic Biopsy: .....

Needle Biopsy: .....

Punch Biopsy: .....

Curetting : .....

Cytology : .....

Others : .....

- **OB/GYN CASES:**

Menses: Onset.....Yrs. Comes in .....Days

Lasts.....Days,Character.....

Late Menses (Date).....

Gravida.....Para.....Abortion.....

Hormone Therapy.....

Significant Patient's Laboratory & Other Finding : .....

Clinical / Surgical Noted: .....

X-Ray | Findings: ..... **USG | Findings:** .....

- **Provisional / Clinical Diagnosis:** .....
- **Microscopic examination :** .....
- **Gross Description:** .....