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**DEPARTMENT OF PATHOLOGY**  
***HISTOPATHOLOGY REQUEST FORM***

**Patient Name:**

**Age/Gender:**

**Hospital No.:**

**Ward & Department:**

**Referring Doctor:**

Address:

Phone no.:

e-mail:

For lab use	
Laboratory reference no.	
Frozen section no.	
Previous Biopsy no.	

**Clinical details:**

**Investigations:**

**Imaging findings:**

**Clinical diagnosis:**

**Nature of sample/Biopsy site:**

**Clinician's signature and Date**

Date and time of collection		Material submitted	Label
Fixative used		1.	
Specimen received date and time		2.	
Specimen received by		3.	
Processing date		4.	
Blocks		No. of blocks:	No. of slides:
NTL	Instructions:		
Discarded			