



**RELIABLE DIAGNOSTIC LABORATORY NEPAL PVT.LTD Jnp**  
**HISTOPATHOLOGY REQUISITION FORM**

Patient Name :-..... Age:-..... Sex:-.....  
 Regd No:-..... Address:- .....

Ref.by. Dr:-..... Referred Hospital/clinic.....  
 Clinical Diagnosis:-..... OT Date:-.....

Speciment From/Site:-.....

Specimen No 1 :-

Specimen No 2 :-

Specimen No 3 :-

**TYPE OF SPECIMEN**

**OBGYNCASES**

1. Surgical :-.....

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

2. EndoScopic Biopsy:-.....

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

3. Needle Biopsy:-.....

Late Menses(Date).....

4. Punch Biopsy:-.....

Gravida.....para.....Abortion.....

5. Curetting:-.....

Hormone Therapy .....

6. Cytology:-.....

7. Others:-.....

Significant Patients Laboratory and other Finding .....

Clinical / Surgical Noted.....

Technical

Deails .....

X-ray..... Findings.....

USG..... Findings.....

Provisional/clinical Diagnosis.....

Microscopic Examination.....

Gross Description.....