

Patient Label

Histopathology Request Form

Lab barcode label

Collection Date: _____
 Collection Time: _____
 Formalin Fixation Time: _____
 _____ (if applicable)

Requesting Doctor
 Full name: _____
 Signature: _____
 Report to: Dr. _____
 Telephone No.: _____
 Address: _____

(For Lab use: Receive Date: _____ Time: _____)

SPECIMEN FOR

- Routine Request/Special note: _____
- Fresh for frozen section
- Fresh for renal, skin biopsy, others (specify): _____
- Slides for review: No. of H&E slides _____ Others (specify): _____
- Block(s) for special study (specify) _____

PROCEDURE

Biopsy: excisional incisional endoscopic needle Other : _____
 Resection (specify): _____ Other (specify): _____

Organ / Tissue (Specify topography / site):

Specimen Diagram (if necessary):

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

CLINICAL INFORMATION (History, LMP, P/E, Radiology & other investigative findings, previous chemo/radiation therapy, etc.)

CLINICAL DIAGNOSIS: _____

