

# Histopathology Requisition



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Standard Price  Premium Price  
 (24 hrs.)



Name \_\_\_\_\_ HN \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_

Race \_\_\_\_\_

ID 

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 Ward \_\_\_\_\_ Hospital \_\_\_\_\_

Date \_\_\_\_\_ Requesting Physician \_\_\_\_\_

Method of specimen collection  Total resection  Subtotal resection  Wide excision  
 Excision  Incision  Core biopsy  Curettage  
 Aspiration (FNA)  Others \_\_\_\_\_

(Lack of clinical information may result in sub optimal interpretation)

Specimen Site	Lf	Rf	Unit	Time Taken	H&E	Special Stains		Immunohisto Stains	
					Unit	Unit	Type	Unit	Type
				:					
				:					
				:					
				:					
				:					

Previous Biopsy or diagnosis \_\_\_\_\_

Clinical History \_\_\_\_\_

### Instruction for completing this form

It is very important for all areas of the form to be **Complete in full**. Failure to do so will result in delayed patient care and may necessitate the sample being returned to the sender

Equally important is the labelling of any slides or samples that are sent, **all samples** must be labeled and the labelling must match the requisition. **Failure to label a sample will result in that sample being rejected.**