



CHUGHTAI LAB (CL)

HIS/QF/L4/036	Biopsy Request Form		Rvw/Rev: 0.0/0.0
Issue on: 07-05-2022	Review Date: --	Revision Date: --	DCR#: --

Biopsy Request Form

Questionnaire to be filled at Centre before receiving *Biopsy* at every Collection Point of Chughtai Lab

"Note: Send it along with the Specimen"

Name of the Patient:	Age/ Gender:
Consultant's Name:	Consultant's Phone Number:
History attached (Yes/No):	Any Previous Reports Attached (Yes/No):
Radiology Attached (Yes/No):	Status of Fixative:
Time at which fixative is added:	Note (If Any):
Name of the Person at Centre dealing with Patient/Attendant :	Signatures of the Person at Centre dealing with Patient/Attendant :

MASTER

Primary Sample Collection Manual of Histopathology

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