



PATH DIAGNOSTICS

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HISTOPATHOLOGY REQUEST FROM

Patient Details (Please Complete the Fields).

Surname: Fore name

Reg: No: Date & time of specimen collected
(___/___/___ Time : ___/___hrs)

Address : Hospital/Practice (and code)

Telephone No: Word/Dept

Patient Nationality Consultant/Gp:

Date of Birth: Frozen/Urgent Specimens Contact Number

Sex: M / F / U

NATURE AND SITE OF SPECIMEN

CLINICAL HISTORY

(history, clinical findings, relevant investigation & previous treatment, previous histology/cytology results, presumptive clinical diagnosis)

Phys/surg: _____

Tel: No _____

Email: _____

LABORATORY USE ONLY

Trimmed by : _____

Trimmed by : _____

Photographed : yes / no

Photographed : yes / no

Decals: Yes/No

Decals: Yes/No

Macroscopic Description

LAB USE ONLY

Part	Blovs	AE/RS	LEV

Booked in: _____ Procedures: _____

Cut By: _____

Checked By: _____

Micro. Check: _____

Rec.d	Lab No.

Special Instructions: