

## **NextGenPath Diagnostics**

No. 34/29, Nallasiriyar Nagar, Thottipalayam, Chinniampalayam Post, COIMBATORE - 641 062

## **BREAST PATHOLOGY REQUEST FORM**

PATIENT'S NAME:	AGE/SEX:	UNIQUE NO:NXT/	BIOPSY NO: S-
HOSPITAL:		CLINICIAN:	
ADDRESS:		CONTACT NO:	
		EMAIL:	
Biopsy material/s (Please specify	the site, number and lateral	ity):	
Procedure done:			
Fixative: Yes/No. If yes, please s	specify:		
Presentation:			
BIRADS score and relevant in	vestigations:		
CLINICAL IMPRESSION:			
Any ancillary tests required	d (TICK): For qu	eries, please contact:	
1. Special stains ( )		unwwyy	
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- 2. Immunohistochemistry ( )
- 3. Electron microscopy ( )
- 4. Molecular studies ( )

The aforementioned tests are subjected to availability. If not available may be outsourced after informing the requesting physician with regards to the charges and turnaround time.

## Dr. BALAN LOUIS. G

MD Path (PGI) DM Histopath (PGI)

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