

NextGenPath Diagnostics

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

PULMONARY 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 laterality): | | | |
| Procedure done: | | | |
| Fixative: Yes/No: If yes please specify | | | |
| Presentation: Relevant investigations and imaging findings: | | Ğ. | |
| CLINICAL IMPRESSION: | | | |
| Any ancillary tests required (TICK): | For queries, | please contact: | |
| Special stains () Immunohistochemistry () Electron microscopy () 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. | Director - Nex Contact no: + | I) DM Histopath (PGI) xtGenPath Diagnostics, (| extgenpatho@gmail.com |