



Pathkind Labs

Affix Barcode

FNAC/CYTOPATHOLOGY HISTORY FORM

Name of the Patient : Contact No :

Address: Age/Sex:

Ref Doctor Name: Ref Doctor Mobile No:

Name of the Collection Center/Lab:

Relevant Clinical History:

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FNAC Site:

Gynae Cytology: Conventional PAP Smear Thin Prep

Non Gynae Cytology: Ascitic/Peritoneal Pleural CSF

Urine Sputum Others

Nipple Discharge: Right Left Both

Dated Sig of Patient: **Dated Sign of Doctor:**