



Pathkind Labs

Affix Barcode

HISTOPATHOLOGY HISTORY FORM

Name of the Patient : Contact No :

Address: Age/Sex:

Site of Biopsy: Date of Procedure:

Ref Doctor Name: Ref Doctor Mobile No:

Name of the Collection Center/Lab:

Relevant Clinical History:

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Clinical Diagnosis:

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Attached Additional Clinical Data: X-ray/Ultrasound/Previous Biopsy Report/ FNAC Report etc.

Radiology Findings if any:

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Operative Findings if any:

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Type of Specimen:

Small

Medium

Large

Dated Signature of Patient:

Dated Signature of Doctor:

Note: Please furnish complete clinical History. Immerse Specimen completely in 10% Formalin.