Neuberg Supratech

REFERENCE LABORATORIES

TEST REQUISITION FORM

CYTOLOGY

☐ GYNEC / PAP

☐ BODY FLUID ☐ Guided (Imaging)

Source of Material : ____________________

Type of material sent : Conventional / Liquid Based ____________________

PATIENT DETAILS

Full Name____________________ Age ____________

Sex ☐ Male ☐ Female ☐ Others Date Of Collection ____________________

E-mail ID*____________________ Contact No ____________________

Address ____________________

City / State / Postal Code ____________________ Country ____________

Consultant Name ____________________

Consultant Contact Number ____________________

Consultant Email ID ____________________

Sample Collection Date ____________ Sample Collection Time ____________

CLINICAL DETAILS

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RADIOLOGICAL FINDINGS

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LMP & Menstrual history : ____________________

Contraception history : ____________________

Operation history : ____________________

O/E (Cervix) : ____________________

PROVISIONAL DIAGNOSIS

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Neuberg Supratech Reference Laboratories

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