

REQUEST FOR HISTOPATHOLOGICAL INVESTIGATION

Patient's Status			
CLASS	DEPT	WARD	BED

ACCOUNT NO. :
NAME :
ADDRESS :
NRIC :

Patient's Particulars

Affix Bar-coded Label Here

Tick [✓] appropriate box(es)

Routine Biopsy Electron Microscopy Others, Specify
 Frozen Section Cytology

Specimen Taken
Date: _____ Time: _____ am/pm

A) Nature of Specimen: _____ Specimen's Status:

For Lab. use		NR /R
		NR /R
		NR /R
		NR /R
		NR /R
		NR /R
		NR /R
		NR /R
		NR /R
		NR /R

B) Clinical Summary:
Operation Findings
Treatment

C) Clinical Diagnosis:

D) Previous biopsy number, if any:

Doctor Performing Procedure: (Please print/stamp name) _____ MCR: _____

Consultant: (Please print/stamp name) _____ MCR: _____

For Laboratory Use

Biopsy Number:
Affix Bar-coded Accession No. Here

Frozen Section/Other Number:

ROUTINE HISTOLOGY

Small Biopsy Specialized Biopsy, e.g. endoscopic bx.: Frozen Section:

10024209 - 1 10023309 - 1 10024108 (FS 1-3)
 10024210 - 2 10023310 - 2 10024030-1 (FS 4)
 10024221 - 3 10023321 - 3 10024030-2 (FS 5)
 Large 10023703 10024030-3 (FS 6)
 Consultation: 10008010 70202105 FS After Office
 Complex: 10023714 Others: _____

SPECIAL INVESTIGATIONS

Special Stains: EM: 10023107

70202034 AFB 10011913 (1-3)
 70202045 GMS 10023815 (4-6)
 70202078 MC, PAS, PASD 70202012 (>7)
 70202089 Pigments : Fe, Mel Others: _____
 70202090 Ret
 70202067 WS
 70202102 PAAG, PGMT

CYTOLOGY

10024007 Smears 70203005 On-site interpretation
 10023905 Fluid 70203006 One-Stop FNA
 10023400 FNA 70203007 EUS FNA (Initial)
 70203001 FNA by Path 70203008 EUS FNA (Sub)
 70203002 NG-AFB 70203010 Cell Block
 70203003 Consultation 70203011 LBC (Non-Gyn)
 Others: _____

BREAST FIXATION TIME:

	By clinician	1 st Dehydration Alc.	Total
Date:			
Time: (24 hr)			

RENAL TISSUE AVAILABLE FOR:

LM IMF EM

TISSUE AUDIT

1A 1B 2A 2B 3A 3B
 Frozen Section:
 FSCD FSDF FSPD

SPECIMEN HANDLING

Received by: _____ No of specimens: _____
Initial: _____

Transcribed/Transferred by: _____ Date: _____
Initial: _____

Checked by: _____ Date: _____
Initial: _____

For Lab. Use - Slide submitted date/time

3015-00-027-H (Feb 2011)

(For Lab. Use - Specimen received date/time)