



NextGenPath Diagnostics

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

BONE AND SOFT TISSUE 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:

Significant findings and imaging (X-ray film is a must for bone lesions):

CLINICAL IMPRESSION:

Any ancillary tests required (TICK):

1. Special stains ()
2. Immunohistochemistry ()
3. Electron microscopy ()
4. 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.

For queries, please contact:

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