



# NextGenPath Diagnostics

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

## CARDIOVASCULAR 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 relevant investigations (including imaging):**

**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:**

**Dr. BALAN LOUIS. G**

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