



# NextGenPath Diagnostics

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

## DERMATOPATHOLOGY 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 serological work-up, if any):**

**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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