



NextGenPath Diagnostics

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

LYMPHORETICULAR 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:

Hematological 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:

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