

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Document Code: HSAAS/PATO/BR149	LAB NO BARCODE
	HISTOPATHOLOGY REQUEST FORM	<i>(for lab use only)</i>

ROUTINE
 FROZEN SECTION
 AUTOPSY
 EXTERNAL/ REFERRAL

PATIENT'S PARTICULAR

Name		Age		
ID No		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
MRN		Clinic/ Ward		

CLINICAL SUMMARY *(Include history, clinical features, radiological findings, treatment/procedures and gross sketch)*

Compulsory for HPE request:

URGENT
 NON-URGENT

Previous HPE No. & Diagnosis: _____

Specimen taken from patient:
Date: _____ Time: _____

FORMALIN
 PBS
 FRESH

Specimen put into formalin/ PBS:
Date: _____ Time: _____

Specimen dispatch to lab:
Date: _____ Time: _____

Name of Surgeon:

Requesting Doctor:
Name:
MMC No.:
Phone No.:

(Signature and Stamp)
Date: _____

CLINICAL DIAGNOSIS

DETAILS OF SPECIMEN *(e.g. site, quantity and labelling)*

FOR LAB USE ONLY

MO/ PATHOLOGIST	MLT	STAMP DATE & TIME