

## Laboratory Medicine and Pathology

### HISTOPATHOLOGY REQUEST FORM

#### Patient's details

Name:  
 NRIC:  
 Gender:  
 Date of birth:  
 Account number:  
 Clinic:  
 Ward:  
 Bed:  
Affix patient's label here

#### Requesting doctor (Please use name stamp if possible)

Name and MCR number:  
 Phone number:  
 Department:  
 Consultant and MCR number:

Laboratory barcode and accession  
(for laboratory use only)

#### Clinical information

Clinical diagnosis: Recent travel (if yes, specify countries): Yes / No

Relevant history and findings:

Investigations and operation findings:

#### Nature and location of specimen

##### Frozen Section

Yes

#### Charge description

- AAXXX1 Frozen Section
- AAXXX2 Simple
- AAXXX3 Moderate
- AAXXX4 Complex
- Others (specify):

#### Specimen collection date and time

#### Fixative added date and time

#### Fixation

DD/MM/YYYY      HH:MM am/pm

DD/MM/YYYY      HH:MM am/pm

- Formalin
- No fixative
- Others (specify):

#### Other test requests (Note: specimens with illegible test requests may be rejected or subject to delayed processing)

#### Tissue audit review (for laboratory use only)

1A      1B      2A      2B      3A      3B

#### Further actions (for laboratory use only)

Second opinion: Yes / No  
 Cancer registry submission: Yes / N.A.

#### Further information

Please refer to the Laboratory Service Guide for information about specific requirements for tests.  
For enquiries, please call Laboratory Medicine and Pathology on 63611409.