

PATHOLOGY REQUEST FORM

DEPARTMENT OF PATHOLOGY
FACULTY OF MEDICINE
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Laboratory use only

Path No	:	_____
Remarks	:	_____
Cassettes	:	_____
Slides	:	_____

Specimen :

Site :

Date :/...../.....

Test Requested : Histology / Cytology ●Urgent ●Routine

Name :

Age / Sex : Yrs / M / F BHT/Clinic No. :

Contact No. (Patient) : Ward :

Brief Clinical :
History

Radiological :
Findings

Other Relevant :
Investigation
Findings

Previous Histology/Cytology Findings (If any) :

Name of the Consultant } Contact No.