

ANNEXURE 3:

Form to be filled and handed over to the bursar's office, Faculty of Medicine, Ragama

Histopathology and cytopathology services for non- governmental hospitals/institutions

Department of Pathology

Faculty of Medicine, University of Kelaniya, Ragama

Name of the hospital/institution:

Name of the technical officer in-charge at the hospital/institution:

Date :/...../201..

	Name of the patient	BHT/ Clinic number	Sample type (as in the price list)	price	Checked and confirmed at the Department of Pathology
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL					

To be completed by staff at Department of Pathology

The amount to be paid: Rs

Name : Designation:

Signature : Date:/...../201..

Receipt no of the payment :..... Amount paid:

Name Signature:

Date/...../201..