

Special stains in histopathology 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:

Name of the patient:

BHT/ Clinic number:

Number of wax blocks sent:

Specimen no:

Wax block number/s:

Special stain/s requested:

Name of the requesting Pathologist:

Signature of the requesting Pathologist:

Total price :

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

To be completed by staff at Department of Pathology

No. of wax blocks

Form completed

Sample checked

The amount to be paid : Rs

Name :

Designation:

Signature :

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

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

Name

Signature:

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