INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

HISTOPATHOLOGY EXAMINATION/CYTOLOGY REQUEST FORM

☐ HPE ☐ Cytology (Please tick appropiate box)

Name :
PID :
I/C no. :
Sex : ☐ Male ☐ Female
Age :
Race:
Date of specimen :
Time of specimen :
Ward/Clinic :
Hospital :
Type of sample :

For Laboratory Use Only
Master Lab No. :
Unit Lab No. :
Date/Time Received :

B. Clinical Summary

1. Previous Histopathology Lab No. :
2. Previous Diagnosis :
3. History, Clinical/Surgical Findings & Other Relevant Investigations :
4. Diagnosis :
5. Nature of Specimen :
6. Date of Surgery/Biopsy : ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Name of Doctor

Signature & Stamp

Date :