



AMINU KANO TEACHING HOSPITAL, KANO.

HISTOLOGY / CYTOLOGY REPORT

Requesting Hospital:.....Dr.....Lab.No:.....

Surname	First Name	Age	Sex	Ward/Clinic	Unit No:
<u>Specimen:</u>					
<u>Micro Description:</u>					
Date Received.....Date Issued.....Signature.....					

MR 0031