



AMINU KANO TEACHING HOSPITAL, KANO

LABORATORY REQUEST FORM HISTOPATHOLOGY

Laboratory No.:

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Requesting Hospital		Receipt No./Date:		Charge		Unit No.:		
				N				
Surname (Block Letters)		First Name (s)		Age	Sex	Tribe / Race		
Ward / Clinic		Physician / Surgeon		Date of Collection		Nature of Speciment		
Provisional Diagnosis				Special Request				
Clinical Details								
<i>For Laboratory use only</i>				Previous Biopsy Number and Date:.....				
Date Received:.....				Previous Biopsy Diagnosis:.....				
No of Pieces:..... No of Blocks:.....				Signature:.....				
Date Issued								