



HISTOPATHOLOGY/CYTOLOGY REQUEST AND REPORT FORM

Urgent ☐ Routine ☐

PATIENT'S DETAILS

PATIENTS SURNAME: NJUNJUN PATIENT'S FILE NUMBER 222243/2022
 OTHER NAMES: RABSON JOSEPH WARD/CLINIC OPD DOB 37
 ADDRESS KUSEKE SEX: M

PATIENT CLINICAL DETAILS

Swelling to the Rt breast long standing condition
 increase slowly mobile with sharp like pain 12/24

CLINICIAN'S DETAILS

CLINICIAN'S NAME: Joyce TITLE: NO SIGNATURE [Signature]
 TEL NO: 0754457912

SAMPLE DETAILS

SAMPLE TYPE: ☐ Biopsy ☐ Autopsy ☐ Cytology (specify) Breast ultrasound through cut biopsy.
☐ HVS for spermatozoa ☐ Sperm analysis

ANATOMICAL SITE: Rt upper inner quadrant [Diagram]

INVESTIGATION(S) REQUIRED: Breast ultrasound 3 through cut biopsy for histopathology.

DATE COLLECTED: TIME COLLECTED: COLLECTED BY:

FOR LABORATORY USE ONLY

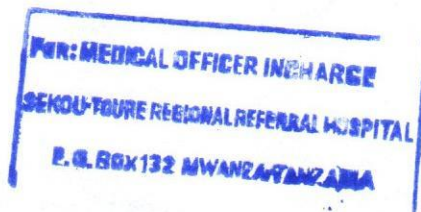
RECEIVED BY (NAME): DATE: TIME:

Sample Quality ☐ Suitable ☐ Unsuitable (Explain)

Equipment ID

MACROSCOPY:

MICROSCOPY:



LAB COMMENTS:

Reported by (NAME): Signature DATE: TIME:

Checked and Authorised by (NAME): Signature DATE: TIME:

REPORT STATUS: ☐ Original ☐ Copy ☐ Corrected ☐ Interim ☐ Final