



# HI-TECH LAB REQUEST FORM

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Accreditation No. 4144/57

LAB NO.....

Name.....Date of Birth.....Age.....Sex.....

Clinic / Hospital.....Ward.....H.N.....

Tel.....Email.....

Attending physician.....Date of operation / request.....

## CLINICAL DATA...

Clinical Hx : .....  
.....  
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Clinical DDx : .....

Type of Operation : .....

## OB-GYN

Para.....

LMP.....

Previous PAP.....

## SKIN BIOPSY

Punch  Shave

Excision  Incision

Wide excision

## REQUEST FOR...

- Histopathology
- Frozen section
- Rapid service (Extra charge)
- Immunohistochemistry (IHC), specify.....
- IHC for Breast markers     ER     PR     HER2     p53     Ki-67
- IHC for Lymphoma panel
- Cytopathology
- Histochemistry, specify.....
- Slide Consultation
- Cell Block

### Molecular study \*

- HER-2 DISH
- PCR for M.tuberculosis
- FISH, specify.....
- Gene rearrangement, specify.....
- Mutation detection, specify.....
- Other, specify.....

### Pathologist

- Requested (Name).....
- Not specified

## SPECIMEN DATA...

Total number of containers (or slides).....

No. 1 Specimen of..... Size :  <5 cm     >5 cm

No. 2 Specimen of..... Size :  <5 cm     >5 cm

No. 3 Specimen of..... Size :  <5 cm     >5 cm

No. 4 Specimen of..... Size :  <5 cm     >5 cm

No. 5 Specimen of..... Size :  <5 cm     >5 cm