



**Life
Dx.** Innovating for
Better Health

Histopathology Request Form



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Histopathology Request Form

Name: File No:

Age: Sex: M F Request Date: / / 20

Referring Dr:

Referring Center:

Collection Date: / / 20

Collection Time:

BARCODE

SOURCE OF THE SPECIMEN

CLINICAL HISTORY/DIAGNOSIS

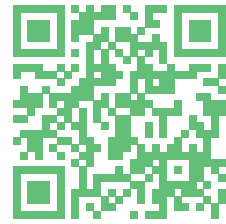
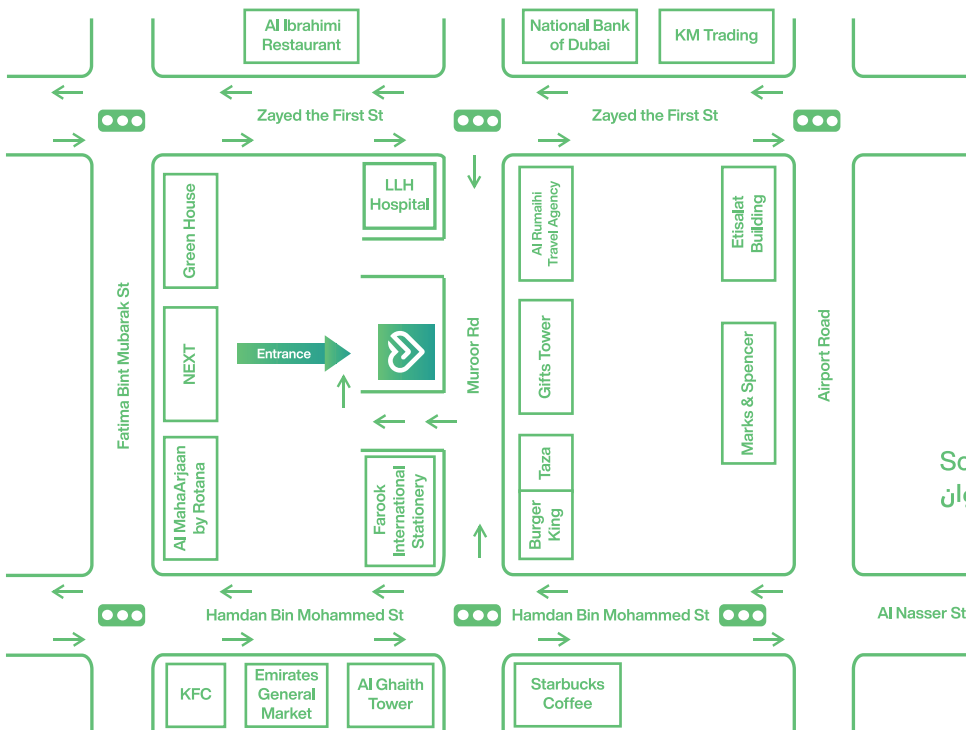
FOR LAB USE ONLY

Number of Specimen:
Macro Description:

Block/s Taken:

Tissue Remaining Yes No

PATHOLOGIST DIAGNOSIS



Scan the QR Code to Get Directions
 إمسح الرمز للحصول على العنوان

