



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL INSTITUTE OF PATHOLOGY
NEW DELHI-110 062

Sl. No. _____
Name of the patient _____
Age _____ Sex _____
Date of admission _____
Ref. No. _____
Ref. Hospital _____

Specimen received from _____
On _____ At _____
By _____
Specimen received from _____
On _____ At _____
By _____

Specimen received from		On		At		By	
Sl. No.	Name of the patient	Age	Sex	Date of admission	Ref. No.	Ref. Hospital	Ref. Doctor
1							
2							
3							
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18							
19							
20							

Specimen received from _____
On _____ At _____
By _____

Signature of the pathologist _____
Date _____