



# NextGenPath Diagnostics

No. 34/29, Nallasiriyar Nagar, Thottipalayam,  
Chinnampalayam Post, COIMBATORE - 641 062

## SURGICAL FROZEN SECTION REQUEST FORM

PATIENT'S NAME:

AGE/SEX:

UNIQUE NO:NXT/

BIOPSY NO: F -

HOSPITAL:

CLINICIAN:

ADDRESS:

CONTACT NO:

EMAIL:

Biopsy material/s (Please specify the site, number and laterality):

Procedure done:

**Fixative: Please DO NOT send in any fixative**

Presentation:

Significant findings and relevant investigations (including imaging):

CLINICAL IMPRESSION:

**Any ancillary tests required (TICK):**

1. Special stains ( )
2. Immunohistochemistry ( )
3. Electron microscopy ( )
4. Molecular studies ( )

The aforementioned tests are subjected to availability. If not available may be outsourced after informing the requesting physician with regards to the charges and turnaround time.

**For queries, please contact:**

**Dr. BALAN LOUIS. G**

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