

PATIENT DETAILS:

NAME:
 AGE: GENDER:
 HOSPITAL:
 BHT/ IDENTIFICATION NO:

SPECIMEN DETAILS:

SPECIMEN:

For office use only

CeDARC NO:
 DATE OF RECEIPT:
 SPECIMEN TYPE: SPECIMEN FOR
 HISTOLOGY/ WAX BLOCKS ± SLIDES
 IDENTIFICATION NUMBER:
 NO OF WAX BLOCKS:
 NO OF SLIDES:
 SPECIMEN ACCEPTED BY:

CLINICAL HISTORY:

INVESTIGATION RESULTS:

WORKING DIAGNOSIS/ DIFFERENTIAL DIAGNOSIS:

ADDITIONAL COMMENTS:

(If sending wax blocks ± slides) NO OF WAX BLOCKS ± SLIDES SENT:

KEY TO BLOCKS:

WERE THE GROSS/X-RAY/SCAN IMAGES EMAILED TO office.cedarc@cmb.ac.lk? YES/ NO

DETAILS OF REFERRING CONSULTANT:

NAME: HOSPITAL:
 CONTACT NUMBER: E-MAIL:
 SIGNATURE:

