



**HISTOPATHOLOGY REQUEST**  
**DEPARTMENT OF NEUROPATHOLOGY**  
**NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES**  
**BANGALORE- 560 029**

REF

Tel:- 080-26995130 Email: neuropathology@nimhans.kar.nic.in

Name:	Age/Sex	NIMHANS Neuro Path No.: (Lab Use Only)
Nature of Specimen & Fixative		
Referred by:	Tel:-	
Address:	Fax:-	
	E-mail:-	
Clinical History:-		
Examination:-		
Investigations:		
Imaging (CT/MRI)		
Provisional Diagnosis:		
Previous biopsy reference (If any)		
Operative Notes/ diagnosis:		
DD No.	Date	For Rs.

Please provide all clinical details. Specimen without this request form will not be accepted. (Xerox & use)

**Enquiry about reports between 10AM & 4PM only**

Date-----

Blocks-----

Specimen-----

Stains-----

Received by-----

E.M. No.-----

Macroscopy:

Microscopy: