



KK Women's and Children's Hospital
SingHealth

HISTOPATHOLOGY

Patient's name label

Ward/Bed: _____ Clinic: _____ Class: _____

Patient Type Gynae Obst Breast Neonatal Paed Surgery Paed Medicine

Patient Consent To Use Residual Tissue For Medical Research Yes No

FOR LAB USE ONLY

Clinical Summary / Operation Findings

Biopsy Number

Previous Biopsy No. / Result

Tick if no previous histology specimens

Clinical Diagnosis

Nature of Specimens

EXAMINATIONS REQUIRED

Please tick (✓) appropriate box(es) below

Routine Biopsy Frozen Section Others

Specimen Taken

Signature and Name of Requesting Doctor

Date _____ Time _____

Telephone Number: _____

Doctor In charge (R/SR/C/SC) _____

FOR LABORATORY USE ONLY

- HT0050 Small, Single
- HT0055 Large Specimen
- HT0056 Complex
- HT0030 Frozen Section (First Specimen)
- HT0032 Frozen Section (Additional Specimen)
- HT0031PR Elective After Hours Frozen Section
- HT0141 Specialised Test (Liver Biopsy)
- HT0142 Specialised Test (Bbone Marrow Trepine Biopsy)

- HT0143 Specialised Test (Rectal Biopsy)
- HT0144 Specialised Test (Gastrointestinal Biopsy)
- HT0145 Specialised Test (Miscellaneous)
- HT0146 Specialised Test (Breast Biopsy)
- HT0170 Renal Biopsy with EM
- HT0171 Renal Biopsy without EM
- HT0190 Consultation - Slides Only
- Others (Specify)

Date/Time Received:

1A	
1B	
2A	
2B	
2C	
3A	
3B	