بسم الله الرحمن الرحيم

STATE OF KUWAIT
MINISTRY OF HEALTH
AS'AD AL-HAMAD
DERMATOLOGY CENTER
AL-SABAH HOSPITAL

دولة الكويت
وزارة الصحة
مركز أسعد الحمد للأمراض الجلدية
مستشفى الصباح

LABORATORY EXAMINATION REQUEST FORM

PATHOLOGY

Name of Patient: ..... . **File No.:**☐☐☐☐☐☐
Age: ..... **yrs. Sex:** ..... . **Nationality:** .....**Phone No.:** .....……..... .
Residence: ..... .
Nature of Specimen: ..... .
Examination Required: ..... .
Short History: ..... .
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..... .
Clinical Diagnosis: ..... .
Referring Center: ..... .
Referring Doctor:..... **Date**: ..... /..... /..... .
Doctor's Stamp and Signature: ..... .

Description of Specimen:
Exact site: ..... . **Inflammation:** ..... .
Extent: ..... . **Adhesion:** ..... .
Size, Shape: ..... . **Degeneration:** ..... .
Encapsulation: ..... . **Infiltration:** ..... .
Color: ..... . **Consistency:** ..... .
Involvement of lymph nodes and other tissues: ..... .
Vascularity: ..... .
Any other relevant data: ..... .
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How was specimen obtained? If by operation, nature of operation:
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Doctor's Stamp and Signature: ..... **Date**: ..... /..... /..... .

LAB. USE ONLY	RESULTS	LAB. NO.:
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Signature:		**Date**: ..... /..... /..... .