



**REQUEST FORM FOR IMMUNOHISTOCHEMISTRY (IHC) AND HISTOCHEMISTRY TEST**

Name of Hospital: .....

Name of Patient: .....

NRIC/ ID Number: .....

Slide No. / Block No. : .....

Provisional Diagnosis: .....

Short Summary: .....

**Type of Test Request (please specify):**

a) Immunohistochemistry: .....

b) Histochemistry: .....

Justification of test: .....

Requesting Pathologist: .....

(Chop & Sign)

Date.....

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**UNTUK KEGUNAAN UNIT HISTOPATOLOGI HOSPITAL KUALA LUMPUR (HKL)**

(1) Diluluskan

Tarikh hantar/dipulangkan: .....

(2) Tidak diluluskan

Sebab tidak diluluskan: .....

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Pakar Patologi Atas Panggilan

Tarikh: