

**NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH (ICMR)**

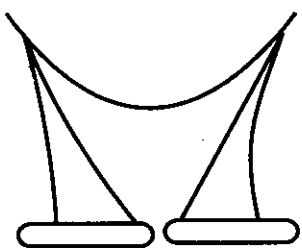
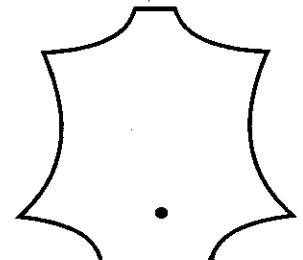
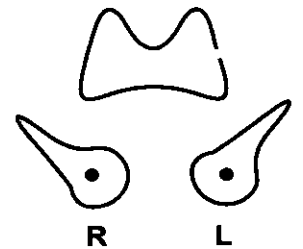
I-7, SECTOR - 39, NOIDA - 201301

**DIVISION OF CYTOPATHOLOGY**

<b>PATIENT'S NAME :</b> _____ Father's/Husband Name: _____ Hospital & Registration Number : _____	<b>AGE :</b> _____ <b>SEX :</b> _____ <b>MARRIED/SINGLE</b> Ward/OPD/Clinic : _____ Name of Clinician incharge : _____
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**SPECIMEN COLLECTED ON (DATE)** \_\_\_\_\_ **AT** \_\_\_\_\_ **AM/PM** \_\_\_\_\_

**TYPE OF SPECIMEN - Fine needle aspirate / Fluid cytology / Exfoliative cytology :**

			<b>Glass slide no. :</b> _____
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<b>HISTORY</b>	<b>CLINICAL DIAGNOSIS</b>
<b>Cytopath No.</b> _____	

PLEASE DO NOT FOLD

**Cytopathology Report**

**Cytopathologist**