



**Isto
medica**
PATHOLOGY LAB

92 Michalakopoulou str.- Ilisia
11528, Athens - Greece
☎ 210 7470244 - 210 7470422
☎ 210 7470544
✉ info@istomedica.gr
🌐 www.istomedica.gr

Date: / /

Lab No:

EXAMINATION FORM

PATIENT'S DATA:

Patients name/surname: S.S.N:

Age: Gender: Profession:

Address: Insurance:

CLINICAL INFORMATION – LOCATION – SIZE OF LESION:

.....

.....

.....

Date of sampling:

ADDITIONAL INFORMATION:

.....

.....

.....

POSSIBLE CLINICAL DIAGNOSIS:

.....

.....

EXAMINATIONS:

<input type="checkbox"/> HISTOPATHOLOGY	<input type="checkbox"/> Immunohistochemistry	<input type="checkbox"/> TPMT (activity)
<input type="checkbox"/> PAP TEST	<input type="checkbox"/> CISH	<input type="checkbox"/> TPMT (pleomorphisms)
<input type="checkbox"/> THIN PREP	<input type="checkbox"/> EGFR	<input type="checkbox"/> HBV PCR
<input type="checkbox"/> BREAST FNA	<input type="checkbox"/> K-RAS	<input type="checkbox"/> HCV PCR
<input type="checkbox"/> NODULE FNA	<input type="checkbox"/> N-RAS	<input type="checkbox"/> CMV PCR
<input type="checkbox"/> HPV typing	<input type="checkbox"/> B-RAF	<input type="checkbox"/> Quantitative assay of the above mentioned
<input type="checkbox"/> HPV typing (MRNI)	<input type="checkbox"/> TPMT	

Doctor's name / Surname:

Lab or Clinic:

Address:

Date: / /

Signature

Nikolaos Goutas
Associate Professor of University of Athens
☎ 6937 382808

Dimitris Vlachodimitropoulos
Associate Professor of University of Athens
☎ 6945 805662