



PUNJAB FORENSIC SCIENCE AGENCY (PATHOLOGY UNIT)

PPM/WS/L4/016	Forensic Pathology Analysis Request Form	Issue on	29-07-2020	Revision	2.1
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Victim/Deceased Name		
Father's Name		
Husband's Name (if applicable)		
Date of Death		
PMR / Exhumation / MLC	No.	Date:
Brief Case History		

SPECIMEN TYPE: **PMR** **Exhumation** **MLC**

CASE TYPE:

- | | |
|--|---|
| <input type="checkbox"/> Unnatural / Suspicious Death | <input type="checkbox"/> Fetus (Age/Sex/Still or Live Birth) |
| <input type="checkbox"/> Hanging/Strangulation/Throttling/Smothering | <input type="checkbox"/> Pregnancy/Abortion
(Swabs if submitted must be fixed in Alcohol) |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Poisoning | <input type="checkbox"/> Trauma (Specify: _____) |
| <input type="checkbox"/> Burn/Electric Shock | <input type="checkbox"/> Other (Specify: _____) |
| <input type="checkbox"/> Death in Hospital | |

ORGAN(S) DETAIL (SUBMITTED FOR HISTOPATHOLOGY/CYTOLOGY):

ALL TISSUES FOR HISTOPATHOLOGY MUST BE SUBMITTED IN 10% FORMALIN SOLUTION

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Any Other: _____

Hospital Name & Address			
MLO/ Autopsy Doctor	Name:	Sign & Stamp	Date:
Contact Detail:	Phone:	Email:	