PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
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Lab No.

1 Patient Name: Mrs. Palwanti
2 Age/Sex: 50 y / F
3 Date of Birth:
4 Collection Centre: Pushpanjali Hospital
5 Referring Doctor: Dr. Kiran yadav
6 Date: 23/02/2021
7 Phone Number: 9466073087
8 Site of Specimen:

9 Relevant Clinical History:

UHID - 069548 on

Pelvicochoparsal

USG - Endometrial Hyperplasia

ET - 8mm 1 wks back

UMP 23/01/21

10. Additional Clinical and Relevant Data: (Previous Biopsy/ FNAC/USG/MRI/CT/X-RAY etc.)
Clinical Diagnosis:

11. Type of Specimen:

- Large ☐
- Medium ☐
- Small ☑
- Miscellaneous ☐ specify
- Microphotography ☐
- IHC Marker ☐
- Special Stain ☐

EB for HPE

12. Histopath Slides/Block for review:

Fixation
- Adequate ☐
- In Adequate ☐

Instructions for filling up form:

1. Please [illegible] appropriate boxes only as [illegible]
2. Please [illegible] complete clinical details along with Request Form.
3. Sa[illegible] above should be entered to Miscellaneous box.
4. Do[illegible] of Patient/ Referring Doctor.
5. [illegible] appropriate fixative (10% formalin/others) before dispatch.