PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India
Phone No +91-1274-263300, 260021, 260521
[illegible]@gmail.com CIN: U85110DL1987PTC207727

072350
5419

Lab No. [ ]

1 Patient Name: [illegible]
2 Age/Sex: 63 yr
3 Date of Birth:
4 Collection Centre: Pushpanjali Hospital
5 Referring Doctor: [illegible]
6 Date: 22-2-21
7 Phone Number: 9582789170
8 Site of Specimen: Gall bladder

9 Relevant Clinical History:

Dom → Cholelithiasis
Surgery → Lap-chole
Specimen → Gall bladder.

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

11. Type of Specimen:

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

12. Histopath Slides/Block for review:

Fixation
Adequate ☐
In Adequate ☐

22/2/21

Instructions for filling up form:

1. Please tick appropriate boxes only as √
2. Please furnish complete clinical details along with Request Form.
3. Sample details not covered above should be entered in Miscellaneous box.
4. Do not omit telephone number of Patient/ Referring Doctor.
5. Immerse specimen completely in appropriate fixative (10% formalin/others) before dispatch.