



To be filled by Doctor

Patient name: Mr. Azad Singh Age: 46y Sex: Male
 UHID No: 30660 IP No: 3019 Date of Admission: 19/02/2021
 Consultant Incharge: Dr. Umar Maqsood Department: C/S

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 Specimen Submitted: Hemorrhoid tissue for biopsy
 Nature of Preservative: Formalin 10% Normal Saline
 Pre-operative diagnosis: Hemorrhoid
 Pertinent Clinical data: _____
 Laboratory Ref: _____
 Radiological Data: _____
 Operative Findings: _____

Request biopsy: _____ If yes, Date: 20/02/2021 Path No. _____
 Small
 Biopsy (Extra slide for opinion) Frozen section (neuro)
 Extra slide (per slide) Frozen section (non neuro)
 Biopsy (large) Frozen section (per subsequent)

Date: 20/02/21 Name & Signature of Doctor: _____

FINAL REPORT

PATHOLOGIST
 Name: _____ Date: _____

 (Signature)