

PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
 Sector 17, Phase 1, Gurgaon, Haryana - 123401, India
 Phone No: +91 1274-263300, 260021, 260521

HISTOPATHOLOGY REQUESTION FORM

072578
 5427

Lab No.

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1. Patient Name Mr. Anurish Kumar 5. Referring Doctor Paul Clark
 2. Age/Sex 17 y/m 6. Date 22-2-21
 3. Date of Birth _____ 7. Phone Number 9813912607
 4. Collection Centre Pushpanjali Hospital 8. Site of Specimen APPENDIX

9. Relevant Clinical History:

Abn → Acute appendicitis
Ix → Lap. appendectomy
Specimen → APPENDIX

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

11. Type of Specimen:

Large Medium Small Miscellaneous specify _____
 Microphotography
 IHC Marker
 Special Stain

12. Histopath Slides/Block for review:

Fixation Adequate In Adequate
22/02/21

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.