



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

## HISTOPATHOLOGY REQUISITIONFORM

Patient Name Sutej Kumar Referring Doctor Dr. Manoj Yadav Date 29/06/14  
 Name \_\_\_\_\_ Date of Birth 44 Sex: Male / Female  
 IPD No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 150939  
 Telephone \_\_\_\_\_ RCC \_\_\_\_\_ (if different) o/p

Site of Specimen: Antrum

Relevant Clinical History: Epigastric pain

Additional Clinical and Relevant Data: (Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

### Type of Specimen:

- Large
- Medium
- Small
- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Antal biopsy to R/O H. Pylori

Histopath Slides / Block for review:

Fixation  
 Adequate   
Inadequate

Manoj Yadav  
Doctor's Signature's  
Dr. Manoj Yadav  
DM 06/14

