



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Anmit Kumar Referring Doctor Dr. Manoj Yadav Date 01/07/24
 Name _____ Date of Birth 34 Sex: Male / Female
 IPD No _____ Collection Centre _____ Uhid No. 150909 *AD*
 Telephone _____ RCC _____
 (if different)

Name of Specimen: Rectal biopsy
 Relevant Clinical History:



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

Colonoscopy: multiple
Rectal ulcers (+)
(2 to Rectal prolapse)

Name of Specimen:
 Large Medium Small

Rectal biopsy to R/O malignancy

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

Fixation
 Adequate
 Inadequate

Manoj
 Doctor's Signature's
 Dr. Manoj Yadav
 MBBS, MD (Gastroenterology)
 DM Gastroenterology
 Reg. No. H-17057
 Pushpanjali Hospital, Rewari

