





# 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

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Lab No:

## HISTOPATHOLOGY REQUISITION FORM

Patient Name Mukesh Kumar

Referring Doctor Dr. Manoj Yadav

Date 01/02/24

Name \_\_\_\_\_

Date of Birth 50

Sex: Male / Female

IPD No \_\_\_\_\_

Collection Centre \_\_\_\_\_

Uhid No. 153081

*JP*

Telephone \_\_\_\_\_

RCC \_\_\_\_\_  
(if different)

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

Antral biopsy to R/o H. pylori

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

Fixation

Adequate   
Inadequate

*Manoj*  
**Doctor's Signature's**  
Dr. Manoj Yadav  
MBBS, MD (Gold Medalist)  
DM Gastroenterology  
Reg. No. HN 17067  
Pushpanjali Hospital, Rewari