



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:



HISTOPATHOLOGY REQUISITIONFORM

Patient Name Sanwat Singh

Referring Doctor Dr. Manoj Yadav

Date 02/07/14

Name _____

Date of Birth 68

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 127060

ORB

Telephone _____

RCC _____
(if different)

Site of Specimen: Antum

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

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

