


Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Vidya Bhushan Referring Doctor Dr. Manoj Yadav Date 03/07/20  
Name \_\_\_\_\_ Date of Birth 58 Sex: Male / Female  
IPD No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 116842  
Telephone \_\_\_\_\_  11887706 RCC \_\_\_\_\_  
(if different)

Site of Specimen: Duodenum (D2)

Relevant Clinical History:

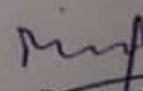
Additional Clinical and Relevant Data: H/O Chronic diarr  
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type of Specimen:

- Large  Medium  Small  Miscellaneous  
 IHC markers  Special Stains  Microphotography

D2 biopsy to R/O Giardiasis  
Seronegative

Histopath Slides / Block for review: celiac disease Fixation  
 Adequate   
Inadequate

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

