





# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No: 

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## HISTOPATHOLOGY REQUISITION FORM

Patient Name Nikhil Kumar

Referring Doctor Dr. Manoj Yadav

Date 06/07/20

Name \_\_\_\_\_

Date of Birth 35

Sex:  Male / Female

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

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

Uhid No. 153446

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

Miscellaneous

IHC markers

Special Stains

Microphotography

Antral biopsy to Rb H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature

Dr. Manoj Yadav  
MBBS, MD, Gold Medalist  
Diploma in Microbiology