

PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)


Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Sunita Referring Doctor Dr. Manoj Kader Date 10/07/24
Age _____ Date of Birth 46 Sex: Male / Female
ID No _____ Collection Centre _____ Uhid No. 013597
Phone _____  11856941 RCC _____ OPD
(if different)

Site of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Size of Specimen:

Large Medium Small

Miscellaneous

IHC markers

Special Stains

Microphotography

Antral biopsy to R/O H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature's

Dr. Manoj Kader
MBBS, MD (Gold Medalist)
Diploma in Gastroenterology
Reg. No. HM 17067
Pushpanjali Hospital, Rewari

