



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Sandeep

Referring Doctor Dr. Manoj Yadav

Date 18/07/20

Name _____

Date of Birth 30

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 154049

Telephone _____

RCC _____
(if different)

Site of Specimen:

Terminal ileal biopsies

Relevant Clinical History:

? Crohn's disease

Additional Clinical and Relevant Data:

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

Type of Specimen:

Large Medium Small

Miscellaneous

1) Terminal ileal biopsy to R/o Crohn's disease



Markers

Special Stains

Microphotography



path Slides / Block for review:

Fixation

2) Terminal ileal biopsy to check for T.B. PCR

Adequate

Inadequate

Doctor's Signature

Manoj
Dr. Manoj Yadav
MBBS, MD (Gold Medalist)
DM Gastroenterology
Reg. No. HN/7067
Pushpanjali Hospital, Rewari