



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 ileitis

Type of Specimen:

Large Medium Small

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

Miscellaneous
 Markers
 Special Stains
 Microphotography



path Slides / Block for review:

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

Fixation

Adequate
 Inadequate

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

