

PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Sunder Lal

Referring Doctor Dr. Manoj Yadav

Date 19/07/22

Name _____

Date of Birth SS

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 153830

OPD

Telephone _____



RCC _____
(if different)

Site of Specimen: D2 biopsy

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

OGD: @ duodenum
Ig A + Ig ↑ ed

Type of Specimen:

Large Medium Small

Miscellaneous

IHC markers

Special Stains

Microphotography

in biopsy to R/O celiac disease

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature's

Dr. Manoj Yadav
MBBS, MD (Gold Medalist)
DM Gastroenterology
Reg No MN 17067
Pushpanjali Hospital, Rewari