



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Raj Kumar Referring Doctor Dr. Manoj Yadav Date 20/07/20
 Name _____ Date of Birth 65 Sex: Male / Female
 IPD No _____ Collection Centre _____ Uhid No. 0104924

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 R/o H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate
Inadequate

Doctor's Signature

Dr. Manoj Yadav

