



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Lab No:

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HISTOPATHOLOGY REQUISITIONFORM

Patient Name Mamta Referring Doctor Dr. Manoj Yadav Date 26/07
 Name _____ Date of Birth 41 Sex: Male / Female
 IPD No _____ Collection Centre _____ Uhid No. 083395

Telephone _____



11856705

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

Antsal biopsy to R/o n. Pylos

Miscellaneous

IHC markers

Special Stains

Microphotography

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature

Dr. Manoj Yadav
MBBS MD (Gastroenterology)
DM Gastroenterology
Reg. No. HRA 111111
Pushpanjali Hospital