



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

## HISTOPATHOLOGY REQUISITION FORM

Patient Name Satyavir

Referring Doctor Dr. Manoj Yadav

Date 26/07/24

Name \_\_\_\_\_

Date of Birth 57

Sex:  Male / Female

IPD No \_\_\_\_\_

Collection Centre \_\_\_\_\_

Uhid No. 058990

*JPD*

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's

*Manoj Yadav*  
Dr. Manoj Yadav  
MBBS, MD (Gold Medalist)  
DM Gastroenterology  
Reg. No. HN 17667  
Pushpanjali Hospital, Rewari

