

PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name MR. MUNSHI RAM Referring Doctor Smrity

Date 27/7/24

Name _____ Date of Birth 6/2/1m

Sex: Male / Female

IPD No 24-04222 Co. _____

Uhid No. 103228



Telephone _____

RCC _____

Type of Specimen:

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

Type of Specimen:

Large Medium Small

? Fungal
(Mucor mycosis)

Histopath Slides / Block for review:

? Malignant

Fixation

Adequate

Inadequate

Biopsy from rt upper lobe irregular mucosa
cough & blood streaked expectorated

chest pain.

Bradylens

ECT chest: Rt upper zone
cavitary lesion

Bronchoscopy: Rt upper lobe bronchus
is compressed by irregular mucosa

Miscellaneous

IHC markers

Special Stains

Microphotography

Doctor's Signature's

