

PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)


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

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Sarathi Devi Referring Doctor Dr. Manoj Koodu Date 29/07/20
Name _____ Date of Birth 82 Sex: Male / Female
PD No _____ Collection Centre _____ Uhid No. 150271
Phone _____  11856677 RCC _____
(if different)

Type 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

07/07/20

