

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:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Hitesh Referring Doctor Dr. Manoj Yadav Date 09/08/14
Age 30 Date of Birth 30 Sex: Male / Female
ID No. _____ Collection Centre _____ Uhid No. 155647
Phone _____ RCC _____
(if different)

Site of Specimen: Rectum ①
②
Relevant Clinical History: 4/0 ulcerative col

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Site of Specimen:
 Large Medium Small
 Rectal biopsy to look for CMV IHC
 Miscellaneous
 IHC markers
 Special Stains
 Microphotography



Histopath Slides / Block for review:

2) Rectal biopsy to look for
bc activity &
owl eye inclusions



Fixation
 Adequate
Inadequate

Doctor's Signature: Manoj Yadav

