



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Atax Singh

Referring Doctor Dr. Manoj Yadav

Date 14/08/24

Name _____

Date of Birth 64

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 155987

Dr

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

Antral biopsy to R/O H. Pylori

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

Fixation

Adequate
Inadequate

Manoj
Doctor's Signature
Dr. Manoj Yadav
DM GO

