



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Krishna Referring Doctor Dr. Manoj Yadav Date 16/08/14
 Name _____ Date of Birth 56 Sex: Male / Female
 IPD No. _____ Collection Centre _____ Uhid No. 156078

O.P.

Telephone _____



RCC _____
(if different)

Site of Specimen:

Rectal growth

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

Sigmoidoscopy

Rectal growth

Type of Specimen:

Large Medium Small

Miscellaneous

IHC markers

Special Stains

Microphotography

Rectal growth biopsy to R/O

Histopath Slides / Block for review

Dysplasia / malignancy
CMV colitis

Fixation

Adequate

Inadequate

Doctor's Signature

Manoj Yadav
Dr. Manoj Yadav (G.O.)
MBBS, MD
DM Gastroenterology
Reg No. H-17727



