

# 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 REQUISITION FORM

Patient Name Namla Referring Doctor DR POOJA Date 16/8/24  
Age                      Date of Birth 74/F Sex Male / Female  
No 27-04854 Collection Centre                      Uhid No. 092869  
Phone                       11856531 RCC                       
(if different)

Specimen:

Important Clinical History:

cough, haemoptysis X 15dy

CECT chest : ? Mucus plug in rt lower lobe bronchus

Additional Clinical and Relevant Data:

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

Bronchoscopy: Right lower lobe bronchus obstructed by ? ? mucus plug ? ? fungal growth

Size of Specimen:

Large

Medium

Small

Microbiology

Miscellaneous

IHC markers

Special Stains

Microphotography

? ? Malignant

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

PA

PA

Doctor's Signature's

