



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)
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Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Jaiwant Singh
 Name _____
 IPD No _____

Referring Doctor Dr. Manoj 'G' Guler
 Date of Birth 43
 Collection Centre _____

Date 20/08/24
 Sex: Male / Female
 Uhid No. 147947
 OPO

Telephone _____

RCC _____
 (if different)

Site of Specimen Rectal biopsy

Relevant Clinical History:

Per rectal bleed

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

Rectal biopsy to R/o
 ulcerative colitis (IBD)

Histopath Slides / Block for review:

Infective colitis

Fixation
 Adequate
 Inadequate

Manoj Guler
 Doctor's Signature's
Dr. Manoj Guler
 or least

