





# PUSHPANJALI HOSPITAL



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

## HISTOPATHOLOGY REQUISITION FORM

Patient Name Sube Singh Referring Doctor Dr. Manoj Yadav Date 20/08/24  
 Name \_\_\_\_\_ Date of Birth 84 Sex:  Male / Female  
 IPD No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 156178 *OPD*  
 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 Yadav  
 Doctor's Signature's  
Dr. Manoj Yadav  
 M.B.B.S