



Lab No: 

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### HISTOPATHOLOGY REQUISITION FORM

Patient Name Nitay Yadav

Referring Doctor Dr. Manoj Yadav

Date 21/08/24

Name \_\_\_\_\_

Date of Birth 41

Sex: Male / Female

IPD No \_\_\_\_\_

Collection Centre \_\_\_\_\_

Uhid No. 131843

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

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Anteal biopsy to R/o H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate   
Inadequate

Manoj Yadav  
Doctor's Signature's  
Dr. Manoj Yadav  
DM Gastro

