



PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Gashi Bansi Road, Rowat-123401 (Haryana), India

Phone No +91-1274-253300, 280021

E-mail: pushpanjalihospitalrowat@gmail.com, CIP: URS11GDL1987PTC307727

Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Niha Referring Doctor Dr. Manoj Yadav Date 25/
 Name _____ Date of Birth 2 Sex: Male / Female
 IFO No _____ Collection Centre _____ Uhid No. 1569

Telephone _____



11858433

RCC _____
(if different)

Site of Specimen

Duodenum (DL)

Relevant Clinical History

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

clo ? ulcer

Type of Specimen:

Large Medium Small

Miscellaneous

IHC markers

Special Stains

Microphotography

Dr biopsy for marsh grading

for ulcer disease

Histopath Slides / Block for review:

Adequate

Inadequate

Doctor's Sign

Manoj
Dr. Manoj
MBBS MD
DM Gastro
Reg. No.
Pushpa