




PUSHPANJALI HOSPITAL



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

HISTOPATHOLOGY REQUISITION FORM

Patient Name Sachin Kumar Referring Doctor Dr. Manoj Yadav Date 05/02/25
 Name _____ Date of Birth 46 Sex: Male / Female
 IPD No _____ Collection Centre _____ Uhid No. 168142
 Telephone _____  RCC _____
 (if different)

Site of Specimen: Antrum
 Relevant Clinical History:

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

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
 Pathologist
 Pushpanjali Hospital
 Rewari
 12051