



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Cayatri Devi Referring Doctor Dr. Manoj Yadav Date 06/02/25
 Name _____ Date of Birth 27 Sex: Male / Female
 IPD No _____ Collection Centre _____ Uhid No. 168189 *IPD*
 Telephone _____ RCC _____
 (if different)

Site of Specimen:

1) IC valve biopsy



Relevant Clinical History:

2) Hepatic flexure Biopsy (colonic)



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

Type of Specimen:

Large Medium Small

1) IC valve biopsy to look for T.B. PCR

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

2) Colonic biopsy to look for T.B. / Crohn's disease

Fixation

Adequate
 Inadequate

Dr. Manoj Yadav
 MBBS, MD (Gold Medalist)
 DM (Histopathology)
 Reg No - HN 17167
 Pushpanjali Hospital, Rewari

Doctor's Signature's

