



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No:

## HISTOPATHOLOGY REQUISITIONFORM

Patient Name Rekha Referring Doctor Dr. Manoj Yadav Date 19/02/25  
 Name \_\_\_\_\_ Date of Birth 48 Sex: Male / Female   
 IPD No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 046493 O.P.D

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

Antral biopsy to Rb H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Dr. Manoj Yadav  
 M.B.B.S. (Gold Medalist)  
 DM Gastroenterology  
 Reg No HN 17067  
 Pushpanjali Hospital, Rewari

Doctor's Signature's



