Maxi Cure Hospitals

HISTOPATHOLOGY REQUEST FORM

Patient Name: M. Laxmamma OP/IP NO: 4936 MP NO:

Age/Sex: 15/M Dept: Date/Time: 14/3/22 Ref. Dr:

Provisional Diagnosis / History : SADO

Site of Speciment :

Relevant Clinical data : Exp. laparotomy + Bowel typsies

(Previous Biopsy/FNAC/X-Ray) Clinical diagnosis: Adenocarcinoma + omental Biopsies

Rs

Type of speciment : ☐ Large ☐ Medium ☑ Small

23241295

☐ IHC markers ☐ Special Stains

Histopath Slides / Block For review : ☐ Adequate ☐ Inadequate

INSTRUCTIONS FOR FILLING UP FORM:

1. It is mandatory to provide all requested information to enable accurate and timely reporting
2. Immerse speciment completely in appropriate fixative (10% formalin/others) before dispatch with proper labeling as required.

omentum for HPE No. TB

Name & Sign. (Who send specimen)

Name & Sign. (Who received specimen)

Dr. G. Srinivas MS