TOLOGY / HISTOPATHOLOGY

(Relevant details to be filled up and sent along specimen)

O: ☐ OT: ☑ ICU: ☐ ER: ☐

No.: 3130. ORDER No.: — DATE: 10/4/2023

O No.: (to be filled in by lab)

ent's Name: Mr Ashok Dhore.

ferral Doctor: Dr. Dhore Patil

e: 40 Sex: ~~M~~ / F

story / LMP (if relevant):

ical Diagnosis: has abdominal pain
Duodenal biopsy (D2) during
Gastroscopy.

ure of Surgery: Watch for Eosinophilic enteritis/
Celiac dis.

ture of Specimen: Duodenal (D2) Biopsy.

port (to be filled in by lab):

REQUEST FOR FNAC / PAP SMEAR / CYTOLOGY / HISTOPATHOLOGY

(Relevant details to be filled up and sent along specimen)

WARD : ☐ OT : ☑ ICU : ☐ ER : ☐

MRN No. : 3130 ORDER No. : – DATE : 10/4/2

CYTO No. : (to be filled in by lab)

Patient's Name : Mr Ashok Dhore

Referral Doctor : Dr. Dhore Patil

Age : 40 Sex : M/F

History / LMP (if relevant) :

Clinical Diagnosis : [illegible] abdominal pain
Duodenal biopsy (D2) [illegible]
[illegible]

Nature of Surgery : [illegible] for [illegible]
[illegible]

Nature of Specimen : Duodenal (D2) biopsy

Report (to be filled in by lab) :