

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Bhudeswar Saikia Date of Birth/ Age 58 Sex: Male / Female
 Client Code SPL/AS/056 Date & Time of Sample collection 22/5/23
 Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636747
 Site of Specimen: H/o Pain abdomen
 Relevant Clinical History: o/s scopy - Gastroscopic operation
at Dmea Incision
 Additional Clinical and Relevant Data: Biopsy - Ulcer from
o/cu for HPE
n. Carcinoma Stomach


Clinical Diagnosis:

Type of Specimen

Large Medium Small
 IHC markers Special Stains

Histopath Slides / Block for review

No. of slides _____

No. of Blocks _____

Fixation

Adequate
 Inadequate

INSTRUCTION FOR FILLING UP FORM:

1. Please tick appropriate boxes only
2. Please furnish complete clinical detail along with Request form.
3. Samples details not covered above should be entered in miscellaneous box.
4. Do not omit telephone number of Patient / Referring Doctor.
5. Guidelines for Creating Formalin - All the samples should be in 10% formalin (can be made by mixing 1 part formalin(40% formaldehyde solution) with 9 part distilled water.
6. Volume of fixative should be atleast 10 times the volume of tissue.