

## 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:

Caesary - Cistric operation  
at linea Incearnis

Additional Clinical and Relevant Data:

Biopsy - taken from  
upper for HPE

(Previous Biopsy / FNAC/ X-ray etc.):

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.