

## HISTOPATHOLOGY REQUISITION FORM

Name of Patient Habijur Rahman Date of Birth/ Age 50 Sex: Male / Female   
 Client Code SPL/AS/056 Date & Time of Sample collection 25/5/23  
 Telephone \_\_\_\_\_ Referring Doctor (Name & Tel No.) DR. A. Hazarika  
9632636747

Site of Specimen: H/o Pain abdomen -  
Worsening - , abdg  
Grm - involving liver acum  
& Ascending W/O.

Relevant Clinical History: Biopsy taken from  
Grm for HPE -

Additional Clinical and Relevant Data: Carcinoma Right W/O.

(Previous Biopsy / FNAC / X-ray etc.): 24283613

Clinical Diagnosis: Carcinoma Right W/O.

Type of Specimen
 

<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Small
<input type="checkbox"/> IHC markers	<input type="checkbox"/> 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.