

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Gupinath Doley

Date of Birth/ Age 70

Sex: Male / Female

Client Code SPL/AS/056

Date & Time of Sample collection

26/05/23

Telephone _____

Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636947

Site of Specimen:

HFO Biopsy

Relevant Clinical History:

O GDS biopsy → Growth at
midesophagus (30 cm)

Additional Clinical and Relevant Data:

Biopsy - taken from Growth
for GHE.

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

Grenoma Esophagus
(mid Esophagus?)



Clinical Diagnosis:

Type of Specimen

Large Medium Small
 IHC markers Special Stains

Histopath Slides / Block for review

No. of slides _____

24283611

Fixation

Adequate
 Inadequate

No. of Blocks _____

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.