

# HISTOPATHOLOGY REQUISITION FORM

Name of Patient R.N. Pege

Date of Birth/ Age 64

Sex: Male / Female

Client Code SPL/AS/056

Date & Time of Sample collection 26/5/23

Referring Doctor (Name & Tel No.) D.R.A. Hazarika  
9632636747

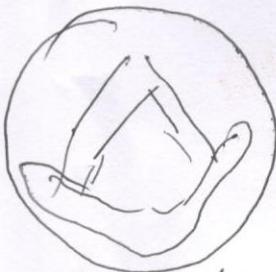
Telephone \_\_\_\_\_

Site of Specimen: H/o Myophagia

Relevant Clinical History: Old Spy.

Additional Clinical and Relevant Data:

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



Biopsy - Thickened right  
A.E. Fold is small  
ulceration

Biopsy - taken from right A.E. fold for H.P.E.  
Imp. !! carcinoma Hypopharynx

24283612

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.