

HISTOPATHOLOGY REQUISITION FORM

Name of Patient R.N. Pegu

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.) DR. A. Hazarika
9632636747

Telephone _____

Site of Specimen: _____

Relevant Clinical History: _____

Additional Clinical and Relevant Data: _____

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

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.

H/O Dysphagia

04 Dsmpy.

Thickened right
A.E. Fold: small
Ulceration



Biopsy - taken from right A.E. fold for HPE.
Imp !! Carcinoma Hypopharynx.

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