

# HISTOPATHOLOGY REQUISITION FORM

Name of Patient Dipa Zoley Date of Birth/ Age 40 Yr Sex: Male / Female ☒

Client Code SPL/AS/058

Date & Time of Sample collection 26/5/23

Telephone \_\_\_\_\_

Referring Doctor (Name & Tel No.) DR. A. Hazare  
9632636747

Site of Specimen: 40. Mucoid Per rectum

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

Clinical Diagnosis:

Type of Specimen

☐ Large

☐ IHC markers

☐ Medium

☐ Special Stains

☒ Small

Carcinoma Rectum

HPE - 24283610

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.