

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Dipa Zoley

Date of Birth/ Age

40 yr

Sex: Male / Female

Client Code SPL/AS/056

Date & Time of Sample collection

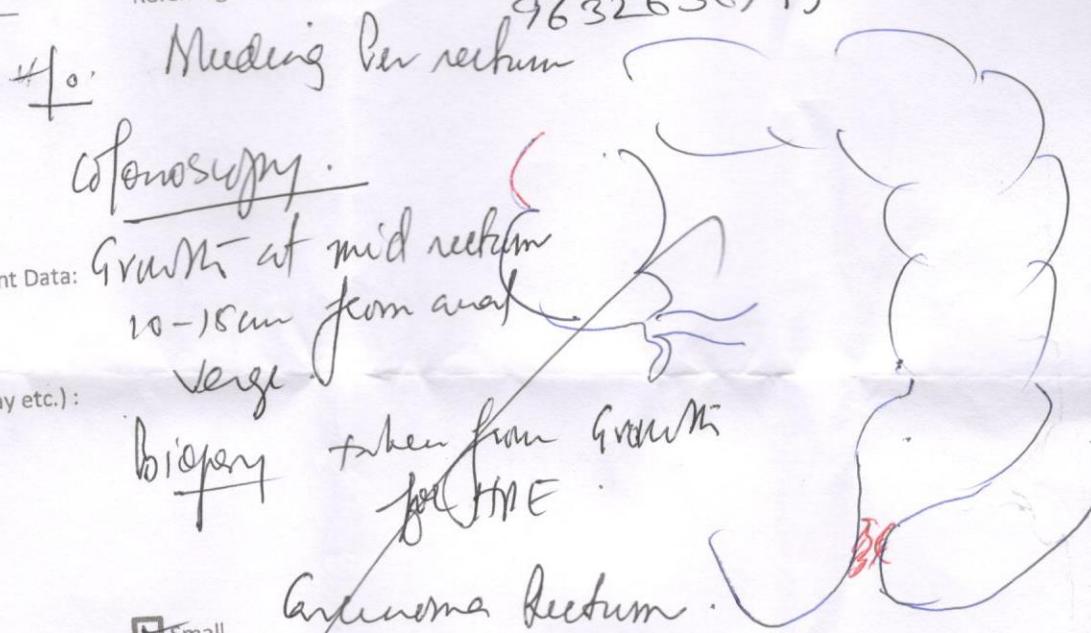
26/5/23

Referring Doctor (Name & Tel No.)

DR. A. Hazarees
9632636747

Telephone _____

Site of Specimen:



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.