

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Nakima Begum Date of Birth/ Age 45 Sex: Male / Female ☒ Female
 Client Code SPL/AS/056 Date & Time of Sample collection 28-5-23
 Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636747

Site of Specimen: W/O H/O Pain abdomen

Relevant Clinical History: CS/Onoscopy -

Severe ulceration rectum,
 Additional Clinical and Relevant Data: Transverse colon

biopsy - taken from terminal
 (Previous Biopsy / FNAC/ X-ray etc.): Ileum & large bowel for H&E

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.