

# HISTOPATHOLOGY REQUISITION FORM

Name of Patient Nakima Begum

Date of Birth/ Age 45

Sex: Male  Female

Client Code SP4/AS/056

Date & Time of Sample collection 28-5-23

Telephone \_\_\_\_\_

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

Site of Specimen: Wt. H. Pari abdomen

Relevant Clinical History: colitis ulcerative

Additional Clinical and Relevant Data: transverse colon

(Previous Biopsy / FNAC / X-ray etc.): Biopsy - taken from sigmoid  
I found a  
large blood for  
BBT

Clinical Diagnosis:

Type of Specimen

Large  Medium  Small  
 IHC markers  Special Stains

Histopath Slides / Block for review

24284035

Fixation

Adequate  
 Inadequate

No. of slides \_\_\_\_\_

No. of Blocks \_\_\_\_\_

## 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.