

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Ghara Kanta Borzaiakia Date of Birth / Age 74 Sex: Male / Female

Client Code SPV/AS/056 Date & Time of Sample collection 30/5/23

Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazakiki
9632636747

Site of Specimen: H/o multiple ant abd. wall swelling.

Relevant Clinical History: Post R.T. for Ca-Tongue.
(3 cycles)
Post Hemiglossectomy.

Additional Clinical and Relevant Data: Excision biopsy - ant abd. wall.

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

Clinical Diagnosis: Imp. N. Secondary ant abd. wall

Type of Specimen
 Large Medium Small
 IHC markers Special Stains

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