HISTOPATHOLOGY REQUISITION FORM

Name of Patient Deben Hazarika Date of Birth/ Age 80 Yrs Sex: Male / Female

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

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

Site of Specimen: H/o Dysphagia.

Relevant Clinical History: OGD Scopy - Growth at middle 1/3 Esophagus.

Additional Clinical and Relevant Data: Biopsy - taken from Growth for HPE.

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

Clinical Diagnosis: Carcinoma Esophagus (middle 1/3)

Type of Specimen

- ☐ Large
- ☐ Medium
- ☑ Small
- ☐ IHC markers
- ☐ Special Stains