

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Deben Hazarika

Date of Birth/ Age 80 Yr 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:

occ sym - 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

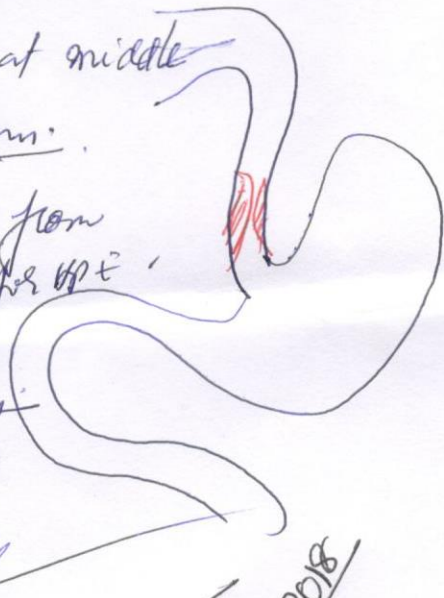
☐ Large

☐ Medium

☒ Small

☐ IHC markers

☐ Special Stains



HPE