HISTOPATHOLOGY REQUISITION FORM

Name of Patient Madhur Tajoo Date of Birth/ Age 28 Yrs Sex: Male / Female

Client Code SPL/AS/056 Date & Time of Sample collection 3/6/23

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

Site of Specimen:

Relevant Clinical History: Recurrent Appendicitis

Additional Clinical and Relevant Data: Specimen → Appendix for HPE.

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

Clinical Diagnosis:

Type of Specimen

☐ Large ☐ Medium ☑ Small

☐ IHC markers ☐ Special Stains

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