HISTOPATHOLOGY REQUISITION FORM

Name of Patient Munu Gohain Date of Birth/ Age 40 Yrs Sex: Male / Female

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

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

Site of Specimen: * Mucocele Gall Bladder.

Relevant Clinical History:

Additional Clinical and Relevant Data: Specimen → Gall Bladder for HPE.

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