HISTOPATHOLOGY REQUISITION FORM

Name of Patient Sabar Ali Date of Birth/ Age 45 Yr Sex: Male / Female

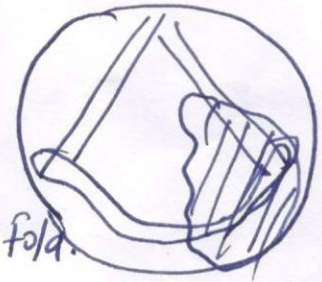
Client Code SPL/AS/056 Date & Time of Sample collection 8/6/23

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

Site of Specimen:

Relevant Clinical History: H/o Dysphagia.

Additional Clinical and Relevant Data: OGDScopy - large Growth - involving Left vocal cord & A.E. fold.



(Previous Biopsy / FNAC/ X-ray etc.) : Biopsy taken from Growth for HPE.

Clinical Diagnosis: Carcinoma Larynx.

Type of Specimen

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