

# HISTOPATHOLOGY REQUISITION FORM

Name of Patient Sakhi Prisha Datta Date of Birth/ Age 62 Yr Sex: Male / Female Female  
 Client Code SPL/AS/056 Date & Time of Sample collection 9/6/23  
 Telephone \_\_\_\_\_ Referring Doctor (Name & Tel No.) DR. A. Hazare  
9632636743

Site of Specimen: Esophagus

Relevant Clinical History: 64 Dysp. - Growth

Additional Clinical and Relevant Data: at mid esophagus.  
(25-28 cm)

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

Clinical Diagnosis:

Type of Specimen

☐ Large ☐ Medium ☒ Small  
☐ IHC markers ☐ Special Stains

Carcinoma Esophagus.

Histopath Slides / Block for review

Fixation

No. of slides \_\_\_\_\_

No. of Blocks \_\_\_\_\_

24287376

☐ Adequate

☐ Inadequate

## INSTRUCTION FOR FILLING UP FORM:

- Please tick appropriate boxes only ☒
- Please furnish complete clinical detail along with Request form.
- Samples details not covered above should be entered in miscellaneous box.
- Do not omit telephone number of Patient / Referring Doctor.
- Guidelines for Creating Formalin - All the samples should be in 10% formalin ( can be made by mixing 1 part formalin(40% formaldehyde solution) with 9 part distilled water.
- Volume of fixative should be atleast 10 times the volume of tissue.