

HISTOPATHOLOGY REQUISITION FORM

Karanbala Patel
~~Karanbala Patel~~

44 YM

Name of Patient

Date of Birth/ Age

44 YM

Sex: Male / Female



Client Code SP4/AS/056

Date & Time of Sample collection 9/6/23

Telephone

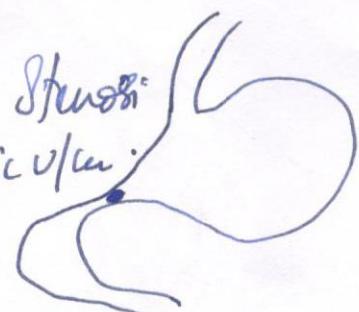
Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636747

Site of Specimen:

H/o Ulcer

Relevant Clinical History:

*oedema, Pyloric Stenosis
due to cicatricial gastric ulcer*



Additional Clinical and Relevant Data:

*Biopsy - taken from
Pylorus for HPE -*

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

To H/o Gastritis ~~or~~ Pylori

Clinical Diagnosis:

Type of Specimen

Large Medium Small
 IHC markers Special Stains

Histopath Slides / Block for review

No. of slides _____

24287375

Fixation

Adequate
 Inadequate

No. of Blocks _____

INSTRUCTION FOR FILLING UP FORM:

1. Please tick appropriate boxes only
2. Please furnish complete clinical detail along with Request form.
3. Samples details not covered above should be entered in miscellaneous box.
4. Do not omit telephone number of Patient / Referring Doctor.
5. 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.
6. Volume of fixative should be atleast 10 times the volume of tissue.