

HISTOPATHOLOGY REQUISITION FORM

Bulbulmai Kalita Boruah

Name of Patient Bulbulmai Kalita Boruah Date of Birth/ Age 54 Sex: Male / Female

Client Code SPL/AS/056 Date & Time of Sample collection 12/6/23

Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636947

Site of Specimen:

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

Empyema G-B
Specimen - Gall Bladder
for HPE

Clinical Diagnosis:

Type of Specimen

Large Medium Small
 IHC markers Special Stains

24287381

Histopath Slides / Block for review

No. of slides _____

No. of Blocks _____

Fixation

Adequate
 Inadequate

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.