

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Bukmai 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
9632636747

Site of Specimen:

Relevant Clinical History:

Impyema G-B.

Additional Clinical and Relevant Data:

Specimen - Gall Bladder
for HPE.

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

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.