HISTOPATHOLOGY REQUISITION FORM

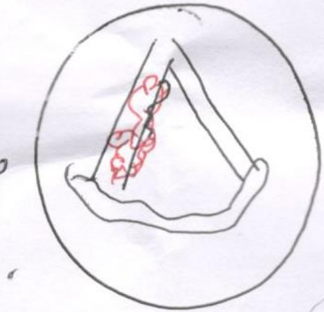
Name of Patient Bhupen Pegu Date of Birth/ Age 11 Yrs Sex: Male ✓ / Female

Client Code SPL/AS/056 Date & Time of Sample collection 14-6-23

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

Site of Specimen: H/o change of voice.

Relevant Clinical History: OGDscopy - I ulcerated Granular lesion involving (L) vocal cord & AE fold.



Additional Clinical and Relevant Data:

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

Clinical Diagnosis: Imp: ?T. Tubercular / Malignancy.

Type of Specimen

☐ Large ☐ Medium ☑ Small

☐ IHC markers ☐ Special Stains