HISTOPATHOLOGY REQUISITION FORM

Name of Patient SANJAY DUTTA Date of Birth/ Age 28 yrs. Sex: Male ✓/ Female

Client Code ______ Date & Time of Sample collection 16/06/23

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

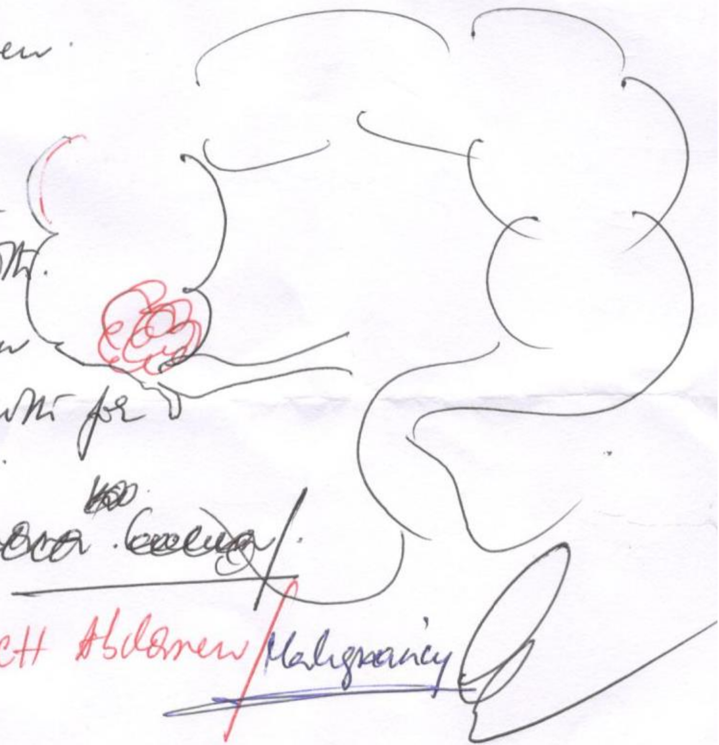
Site of Specimen: H/o Pain abdomen.

Relevant Clinical History: Colonoscopy. →

Additional Clinical and Relevant Data: Ulcerated ileo-caecal Growth.

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

Clinical Diagnosis: Carcinoma Caecum /



Type of Specimen

- ☐ Large
- ☐ Medium
- ☑ Small
- ☐ IHC markers
- ☐ Special Stains

?/ KOCH Abdomen/Malignancy