

HISTOPATHOLOGY REQUISITION FORM

Name of Patient Nikhurjo Das Date of Birth/ Age 30 Yr Sex: Male / Female

Client Code SPL/AS/056 Date & Time of Sample collection 28/6/23

Telephone _____ Referring Doctor (Name & Tel No.) DR. A. Hazarika
9632636743

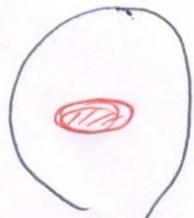
Site of Specimen:

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

*Leiomyoma Scalp
(6x8 cm)
Occipital Region*



*Specimen: Excised leiomyoma
for HPT*

Clinical Diagnosis:

Type of Specimen

Large Medium Small
 IHC markers Special Stains

Histopath Slides / Block for review

Fixation

No. of slides _____

Adequate

No. of Blocks _____

Inadequate

HPE: 24421573

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.