

# HISTOPATHOLOGY REQUISITION FORM

Name of Patient Bharat Biswas Date of Birth/ Age 27 Sex: ☒ Male / Female  
Client Code SPL/AS/056 Date & Time of Sample collection 28/6/23  
Telephone \_\_\_\_\_ Referring Doctor (Name & Tel No.) DR. A. Hazare  
9632636747

Site of Specimen:

Acute Appendicitis

Relevant Clinical History:

Additional Clinical and Relevant Data:

Specimen - 1 Appendix for HPE.

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

Clinical Diagnosis:

Type of Specimen

☐ Large ☐ Medium ☒ Small  
☐ IHC markers ☐ Special Stains

Histopath Slides / Block for review

No. of slides \_\_\_\_\_

No. of Blocks \_\_\_\_\_

Fixation

☐ Adequate  
☐ Inadequate

INSTRUCTION FOR FILLING UP FORM:

HPE: 24421574

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.

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