

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. Hazarika
9632636747

Site of Specimen:

Recurrent Appendicitis

Relevant Clinical History:

Specimen - Appendix for HPE.

Additional Clinical and Relevant Data:

(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.