Path Kind Labs

Affix Barcode

# HISTOPATHOLOGY HISTORY FORM

Vial ID :- 24464487 (118)

Name of the Patient: Laxmibai Bhure Contact No: 8956271751

Address: Pardi, Nagpur Age/Sex: 70/F

Site of Biopsy: Oesophagus Date of Procedure: 28/10/2021

Ref Doctor Name: Dr N Khobragade Ref Doctor Mobile No:

Name of the Collection Center/Lab:

Relevant Clinical History:

Clinical Diagnosis: Dysphagia ? Ca oesophagus

Attached Additional Clinical Data: X-ray/Ultrasound/Previous Biopsy Report/FNAC Report etc.

Radiology Findings if any: UGI-Endoscopy :- circumferential ulcero-proliferative growth at mid-esophagus - ? Ca. Esophagus

Operative Findings if any: Biopsy taken for IHC

Type of Specimen: Small ✓ Medium ☐ Large ☐

Dated Signature of Patient:

Dated Signature of Doctor: for Dr 28/10/2021

Note: Please furnish complete clinical History. Immerse Specimen completely in 10% Formalin.