

HISTOPATHOLOGY REQUISITION FORM

Name: *Pustika Kalita*Age & Sex: *18y / F*Address: *Alaukata*Date: *13-02-24*Hospital No.: *9051/21866*Referred Doctor: *Dr. Kayan Datta*Clinical Diagnosis: *Cervicovaginal G.B*

Previous Cyto / Histo report if any:

Any relevant Radiological Investigations:

Nature of Specimen:

Description of Specimen:

1. Site:

2. Size and shape:

3. Consistency:

4. Encapsulated:

5. Any Adhesions:

*Gall bladder
Excised G.B (Suspected)*

Signature of Doctor

For our official use

Reg. No.:

UHID:

Histo Core Diagnostic

H/N 106, Japorigog Road, Nandanpur, Guwahati - 781005.