

Requisition for Histopathological Examination

Patient's Name : Bhosate Kishori Appa Hp No. : _____

(Last)

(First)

Age & Sex : 27/F Mob No. : _____ Date : 23/4/24

Address : _____

Ref. by Dr. : Purani AD

Diagnosis & anatomical Location of Disease : Fistula in Ano

Nature of Specimen : Fistulectomy

☒ SmallSp ☐ MediumSp ☐ LargeSp ☐ Cancer Sp

Clinical History with relevant laboratory & imaging findings : _____

Total Fee : Paid : Due : Collected by : _____

Note :

1. Please furnish complete clinical details along with request form.
2. Please preserve the specimen in 10% formalin soon after it is removed.
Larger sp. should be cut through for proper fixation