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HISTOPATHOLOGY REQUISITION FORM (Form-2)

Corporate _____ Referring Doctor Dr. Apurva Date 7/12/24
Name Santoshi Date of Birth _____ Sex: Male / Female ☒
Vishwakarma
Telephone _____ Collection Centre DH RCC _____
Kawardha (if different)

Site of Specimen: Uterus

Relevant Clinical History:

TAH & B/L salpingectomy

Additional Clinical and Relevant Data:

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

Type of Specimen:
☐ Large ☒ Medium ☐ Small
☐ Miscellaneous☒ IHC markers☒ Special Stains☒ Microphotography**Histopath Slides / Block for review:****Fixation**☒ Adequate☐ Inadequate**INSTRUCTIONS FOR FILLING UP FORM:**

1. Please tick appropriate boxes only as ✓
2. Please furnish complete clinical details 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. Immerse specimen completely in appropriate fixative (10% formalin / others) before dispatch.
6. Rs. 200/- extra charges for microphotography requests.