Manak ram Shriwas

39 M

DR. self

TEST Small biopsy

A18 28 s 49

SPLCG029

PATHOLOGY CARE

MD PATHOLOGY CARE

Maa Danteshwari Pathology Laboratory

Please Send to :
Brilliant School Campus, Mission Hospital Road,
Bilaspur (CG) 495001
Mob : 98930-04660, 07752-220230, 411088
E-Mail : mdpathologycare@gmail.com

HISTOPATHOLOGY REQUISITION FORM

Corporate SVVH Referring Doctor Dr S. Uddesh Date 22/3/25

Name Mr Manak Ram DOB 3Y M Sex : Male/Female ____

Telephone ____ Collection Centre SVVH RCC ____ (In Diffrent)

Site of Specimen : Appendix

Relevant Clinical History : Δ : Ac. Appendicitis

Additional Clinical and Relevant Date : OP : Lap Appendicectomy
(Previous Biopsy/FNAC/X-Ray etc.) Clinical Diagnosis

Type of Specimen :

- [ ] Large
- [ ] Medium
- [x] Small

H.P. Exh

- [ ] 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 ficative (10% formalin/ others)'before dispatch.
6. Rs. 200/- extra charges for microphotography request.