HOLY PROMISE HOSPITAL

(A Unit of Holy Promise Multispeciality, Hospital Pvt. Ltd.)
An ISO 9001 Certified Multispeciality Centre)
We are here for your care
Road No.-00, East Patel Nagar, Near Gandhi Murti,
Patna-800023 (Bihar)
Ph.No.: 0612-2280800, Mob.: 9102680800
Email: info@holypromise.in, Website: www.holypromise.in.

HISTOPATHOLOGY/FANC/CYTOLOGY TEST REQUISITION FORM

Name : ARUN N.D.S.M.A

UHID No.: ..... I.P.D./G.P.D.: .....

Age : 49Y DATE : 16-10-025

SITE OF FNAC/ FLUID/HISTOPATHOLOGY
LEFT FEMORAL HEAD
BONE SAMPLE

APPEARANCE OF MATERIAL ASPIRATED
METASTASIS ? LUNG

CLINICAL DETAILS WITH PROVISIONAL DIAGNOSIS
PATHOLOGICAL PROXIMAL FEMUR #

IMAGING STUDIES HRCT Chest ? Lung Tumour

OTHER INVESTIGATIONS

PREVIOUS BIOPSY / FNAC FINDINGS

REMARKS : HISTOPATHOLOGY to check for Metastatic Bone tumour ? Lung

Specimen Information

☐ URIN	☐ CSF	☐ WOUND SWAB
☐ SPUTUM	☐ C.V.P. TIP	☐ PLEURAL FLUID
☐ TRACHEAL ASPIRATE	☐ SWAB	☐ PERICARDIAL FLUID
☐ THROAT SWAB	☐ BAL	☐ PERITONEAL FLUID
☐ STOOL	☐ PUS	☒ TISSUE
☐ NAIL SCRAPPING	☐ BLOOD (AEROBIC/ANAEROBIC)	
☐ Other (Specify).....		

HISTOPATHOLOGY

Test Request

☐ Gram Stain	☐ KOH Mount
☐ AFB Stain	☐ Fungal Stain
☐ Culture & Sensitivity (C/S)	☐ Fungal Culture & Identification
☐ Anaerobic Culture	☐ Antifungal Susceptibility
☐ TB Culture (Automated)	☐ Anti-TB drug Susceptibility
☐ CSF for Cryptococcus	☐ Stool for Cryptosporidium
☐ Blood for BacT Cuiture	☐ Blood for Rapid Fungal culture
☐ Other (Specify).....	

Name of Consultant DR A K DAS Signature ..... Date 16/10/2025

Contact No.

TEST REQUISITION FORM (TRF)

NABL MC-3033

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : ARBUN NISHA

Age : 49 Yrs : ___ Months ___ Days

Sex : Male ☐ Female ☐ Date of Birth : ☐☐ ☐☐ ☐☐☐☐

Ph : ___

Client Details :

SPP Code BH019

Customer Name ___

Customer Contact No ___

Ref Doctor Name Abhishek KR Das

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Histopathology	Tissue	B3601210
(Lt) Hip Replacement.		

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.