METROPOLIS
The Pathology Specialists

B41758 67

Test Requisition Form ANATOMIC PATHOLOGY
(Histo/IHC/CISH/IF)

Name: पायल बाबा बोदल **Date & time of sample Collection:** 29/12/25

Age: 16yr/F **Laboratory code:** —

Sex: Male / ~~Female~~ **Laboratory name:** —

Referred by: Dr _____

Contact details of Referring Doctor: Pradip Dadas.

Clinical History & Provisional diagnosis:

Acute Appendicity

HISTOPATHOLOGY
(Special stains, IF)

Adv

Specimen: (Test Code / Name) Histopath

Appendix

Note: For Histopathology the samples should be in Adequate volume of **10% Neutral Buffered formalin** .For Immunofluorescence the sample should be sent in Michel's Medium.

IMMUNOHISTOCHEMISTRY / CISH
(Note: kindly submit original H&E report & relevant clinical details)

Test Code / Name _____

If ER, PR & her2/neu: Date & time of immersing specimen in fixative. _____

Dr.Pradip Dadas
Reg-No.773
Consulting Physicion
Sai Seva Hospital
Indapur Dist-Pune