

Dr. B.R. Ambedkar State Institute of Medical Sciences
Sector-56, S.A.S Nagar, Mohali
Department of Pathology

HISTOPATHOLOGY REQUISITION FORM

HISTOPATHOLOGY NO. S-

Name:

Age-

Sex-

Date:

Cr No:

Department/Ward:

Patient Address and Contact Number:

Clinician In-charge:

Clinical History/Clinical Diagnosis:

Operative Findings:

Imaging Details:

Relevant Investigations:

Biopsy Site:

Number Of Containers

1.

2.

3.

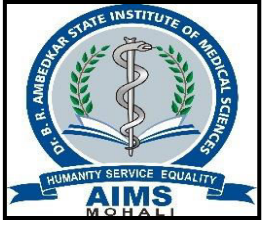
4.

Previous Biopsy (If Any):

Doctors Name:

Contact Number:

Date:



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For Department Use:

Date of Receipt of Specimen:

No. of Containers Received:

Date of Grossing:

Date of Processing:

Date of Sectioning

Specimen Preserved: Yes/No

Photographs Taken: Yes/No

Grossing And Histopathology Details:

**Grosser/Resident
Date:**

Gross Findings:

Microscopy:

Reporting Resident/ Consultant

Date: