

अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

DEPARTMENT OF PATHOLOGY

(Email: aiimspathology21@gmail.com)

HISTOPATHOLOGY REQUISITION FORM

Procedure Date & Time: Receiving Date & Time: (by lab) Patient Phone number: Clinical Diagnosis: Procedure: Clinical and Operative Findings: Imaging Findings (USG/CT/MR): Previous Chemotherapy/Radiotherapy: Serum Tumour Markers: Serum Tumour Markers: Staging: T N M Previous Biopsy/ FNAC Details: Ob-Gyn: LMP: ET: Any Other Details: Specimen(s) Submitted: No. of Containers: Anatomic Site: Laterality: Right Side/ Left Side Name of the Resident/Faculty (In Capital Letter): FOR PATHOLOGY DEPARTMENT USE ONLY Date and Time of Receipt of Specimen: Number of Containers: Number of Containers: Number of Containers: Specimen of Receipt of Receiving Technician: Gross photography: Y / N	Name:	Age/ Gender:	F	Iospital registration No:	
(by lab) (by lab) (by lab)	Department/ Unit:	OPD/ IPD:	F	Referring Consultant:	
Clinical Diagnosis:	Procedure Date & Time:				
Clinical Diagnosis: Procedure: Clinical and Operative Findings: Imaging Findings (USG/CT/MR): Previous Chemotherapy/Radiotherapy: Serum Tumour Markers: Staging: T N M Previous Biopsy/ FNAC Details: Ob-Gyn: LMP: ET: Any Other Details: Specimen(s) Submitted: No. of Containers: Anatomic Site: Laterality: Right Side/ Left Side Name of the Resident/Faculty (In Capital Letter): FOR PATHOLOGY DEPARTMENT USE ONLY Date and Time of Receipt of Specimen: Number of Containers: Number of Blocks: Regrossed on: Special Stains: UG Museum Discarding: No Tissue Left Discard Keep (PG Teaching UG Museum)	Patient Phone number:			Diagram	
Clinical and Operative Findings:	Clinical Diagnosis:				
Clinical and Operative Findings:	Procedure:				
Imaging Findings (USG/CT/MR): Previous Chemotherapy/Radiotherapy: Serum Tumour Markers: Staging: T N M Previous Biopsy/ FNAC Details: Ob-Gyn: LMP: ET: Any Other Details: Specimen(s) Submitted: No. of Containers: Anatomic Site: FOR PATHOLOGY DEPARTMENT USE ONLY Date and Time of Receipt of Specimen: Number of Containers: Number of Receipt of Specimen: Number of Receipt of Specimen: Number of Blocks: Regrossed on: No. of gross section: IHC: Special Stains: Discarding: No Tissue Left Discard Keep (PG Teaching UG Museum)	Clinical and Operative Findings:				
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Serum Tumour Markers:	Imaging Findings (USG/CT/MR):				
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Ob-Gyn: LMP: ET:	Serum Tumour Markers: Staging: TNM				
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Discarding: No Tissue Left Discard Keep (PG TeachingUG Museum)	Number of Blocks: No. of gross section:				
Discarding: No Tissue Left Discard Keep (PG TeachingUG Museum)	HC: Special Stains:				
Incharge Resident/Faculty:	Discarding: No Tissue Left				
	Incharge Resident/Faculty:				

Incomplete requisition form will not be accepted, Any Additional information can be written on back side of form.

Instructions for Sending tissue for histopathological examination:

- 1. Tissue after removal should be transferred to 10% neutral buffered formalin immediately.
- 2. Ratio of tissue to 10% neutral buffered formalin should be 1:15 for proper fixation.
- 3. Preparation of 10% neutral buffered formalin: sodium phosphate monobasic-4.0 gm, Sodium phosphate dibasic-6.5gm, formaldehyde 37 to 40% 100ml and distilled water-900ml.