



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

DEPARTMENT OF PATHOLOGY

(Email: aiimspathology21@gmail.com)

HISTOPATHOLOGY REQUISITION FORM

Name:	Age/ Gender:	Hospital registration No:
Department/ Unit:	OPD/ IPD:	Referring Consultant:
Procedure Date & Time:	Receiving Date & Time: (by lab)	Histo No: (by lab)

Patient Phone number: _____

Clinical Diagnosis: _____

Procedure: _____

Clinical and Operative Findings: _____

Diagram

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): _____ Phone Number: _____

FOR PATHOLOGY DEPARTMENT USE ONLY

Date and Time of Receipt of Specimen: _____ Number of Containers: _____

Name and Signature of Receiving Technician: _____ Gross photography: Y / N

Number of Blocks: _____ Regressed on: _____ No. of gross section: _____

IHC: _____ Special Stains: _____

Discarding: No Tissue Left _____ Discard _____ Keep (PG Teaching _____ UG Museum _____)

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.