

Order No. 6669, 6671, 6670



REQUISITION FOR HISTOPATHOLOGY / CYTOLOGY / FROZEN SECTION / IMMUNOHISTOCHEMISTRY / BIOPSY / BONEMARROW

Date 20/04/23 Time ..... Consultant I/C. Dr. MK SHARMA

Patient's Name SHEREEN R. JAMES Age 17yrs Sex: M/F

Patient ID No. 330150 Dept. MICU Unit ..... Ward .....

Occupation ..... Origin of Tissue ..... No. of Sp/Containers .....

Reference Biopsy Nos. ....

CLINICAL SUMMARY (Including radiological findings) Suspected Case Miliary TB

Hb: 9.2 Plt: 229 Tlc: 1800

WBC: 10000 VSG (AIW), Hepatosplenomegaly, +ve Present

LCH: 627.

CLINICAL DIAGNOSIS 2 to 20 R/O. Granulomatous lesions / Autoimmune & any hematological disorder

Description of lesion / Operative finding (including lymph nodes) .....

Sample: Bone marrow Aspirate / Biopsy

Immunohistochem: Aspiration smear & histopath

Menstrual History & LMP .....

All RELEVANT LAB DATA .....

NAME OF MEDICAL OFFICER (IN CAPITALS)

CONTACT NO 9827975650

Incomplete forms will not be accepted



*Hes*



*Hes*



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*E*



*Hes*



*Hes*



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*Biopsy*

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