



TEST REQUISITION FORM

Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)

Oral Red Marker

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature : Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
	 10257719

Total No. of Vials/Container _____

Specimen Collection Information

Date: *23/12* Time: _____

Fasting : Yes No Fasting Period : _____ Hrs.

Collection by : _____

Urine Volume : _____ ml Hrs. _____

Patient Details

First Name: *Mrs Priyanka* Last Name: _____

Age : *30* Gender : Male Female

Address : _____

Contact No. : _____

E-mail ID _____

Referred by _____ Contact No. : _____

For Maternal Screening - Date of Birth : *16 12 1988*

Weight : *53* kg, Height : *5'* ft inches, LMP *5-9-2017* Last Ultrasound Report

Billing Information

Client Name : *Green Life Diagnostics*

Client ID : _____

Total Amount : _____

Amount Received : _____ Receipt No. : _____

Amount Balance / Due : _____

Payment via : CASH CHEQUE CREDIT

Specimen Type Received (For MolQ use only)

- Serum
- Plasma: EDTA/FL/CIT
- SST
- W. Blood EDTA
- W. Blood Fluoride
- W. Blood Heparin
- W. Blood Sodium Citrate
- Bone Marrow
- FN Aspirate
- Tissue Formalin
- Paraffin Block
- Smear
- Slide (H&E)
- Pus
- Blood Culture Bottle
- CSF
- Fluid
- BAL
- Sputum
- Urine
- Stool
- Swab
- Others

Other Sample Type / Source : _____

Received Specimen Information (For MolQ use only)

Temperature : Ambient Refrigerated Frozen

Date: _____ Time: _____

Patient ID _____ No. of vials/container _____

1	2
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Signature of Accession Officer(s)

Patient Consent : I hereby authorize MolQ Laboratory to use and share with affiliates my personal information including but not limited to any condition / disease information etc. as may be necessary to perform the test or services etc. Medical records/information, to the extent of the applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the leftover specimens for immediate research and in future research of any kind and at any time in the future. The samples will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable by law. In the event of any publication by MolQ Laboratory, patient's identity will remain confidential. I agree to this access of my medical records and specimen for diagnostic and research purpose.

Disclaimer : For any test/service related complain/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Dehradun, Uttarakhand. The financial liability or compensation of any sort is not more than MRP of the Test requested.

रोगी सहमति : मैं मोल्क्यू प्रयोगशाला को अधिकृत करता हूँ कि मेरी पूर्ण व्यक्तिगत जानकारी अपनी किसी भी शाखा के साथ साझा कर सकती है। मेरी बीमारी की हालत या सूचना का खुलासा अगर परीक्षण के संचालन के लिए आवश्यक है, तो मैं इसकी अनुमति देता हूँ यद्यपि यह जानकारी उस सीमा तक साझा की जाए जो कि कानूनी सीमा के अंतर्गत हो। मेरी इस प्रकार की जानकारी को पूर्ण रूप से गुप्त रखा जाए और सार्वजनिक रूप से उपलब्ध ना कराई जाए। इसके पश्चात मैं प्रयोगशाला को देबारा अधिकृत करता हूँ कि जो नमूना जाँच के लिए उपलब्ध करवाया था, उसमे से बचे हुए नमूने को प्रयोगशाला कभी भी और किसी भी समय किसी भी प्रकार के प्रयोग के लिए उपयोग में ला सकती है। शेष नमूने को पूर्ण रूप से अंकित किया जाए और गुप्त रूप से रखा जाए, जब इसको नष्ट किया जाए तो पूर्ण रूप से नियम और विनियमता का उपयोग किया जाए। किसी भी प्रकार के मोल्क्यू प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रूप में गुप्त रखा जाएगा। मैं सहमत हूँ कि मेरी मेडिकल रिकॉर्ड और मेरे बचे हुए नमूने को नैदानिक प्रयोग और किसी भी प्रकार के अनुसंधान के लिए उपयोग में लिया जा सकता है।

अस्वीकृति : किसी भी जाँच सम्बन्ध शिकायत या जानकारी हेतु आप मोल्क्यू प्रयोगशाला को सम्पर्क कर सकते है, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखंड है, किसी भी जाँच का मूल्य उसके दिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

Patient/Client /Doctor's Signature
Date : _____

Date	02/12/2017	Srl No.	208	Sex	F
Name	Mrs. PRIYANKA	Age	30 Yrs.		
Ref. By	YADAV HOSPITAL				

OBSTETRICAL ULTRA SOUND (LEVEL I)

LMP : 05/09/2017 G.A. by LMP : 12 wks 6 days EDD by LMP : 12/06/2018

UTERUS is gravid with a **well defined** gestational sac containing an embryo within, in the upper uterine segment.

CRL measures **65.44 mm**, corresponding to a gestational age of **12 wks 6 days +/- 6 days**.

The embryonic cardiac activity is well visualized and is about **174BPM**.

The **Placenta** is seen forming **fundo-anteriorly**.

Nuchal thickness appears normal measuring about **1.1 mm**.

Nasal Bone is noted.

Ductus venosus flow appears normal with no obvious reversal.

The internal Os is closed. The cervix is adequate in length.

Both ovaries are normal in size, shape and appearance.

EDD by computed average gestational is **10/06/2018**

IMPRESSION : Early single live Intrauterine pregnancy of average gestational age of 12 wks 6 days +/- 6 days.

Suggest follow up for Level II scan between 18 to 20 weeks.

I, the undersigned declare that while conducting the ultrasound on Mrs Priyanka , i have neither detected nor disclosed the sex of the fetus to anyone in any manner.

Dr. Asmita Ummat Reddy
M.D. Radio-Diagnosis
HMC Reg. No. 05558

DR. Venkat Reddy M
M.D. Radio-Diagnosis
HMC Reg. No. 06223

DR. Anshu Kumar Sharma
M.D. Radio-Diagnosis
HMC Reg. No. 03771

Yadav Hospital

Nandance IVF & Fertility Centre

C-1, Sector-10-A,
Opp. Meenakshi Public School,
Gurgaon-122001 (Haryana)
Tel.: 0124-2210292, 2212622,
6471212, 6471234 Fax : 0124-41
e-mail: yadavhospital10a@gmail.com
website: yadavhospital.com

INTERNAL MEDICINE

Dr. R.S. Yadav
M.B.B.S.
Dr. Gaurav Rao
M.D.
Dr. Vijayant Yadav
M.D. (Chest & T.B.)

OBS. & GYNAE.

Dr. Shalini Yadav
M.D., DGO, MRCOG
Infertility & ART Specialist
(London, Singapore)

GENERAL & MINIMAL ACCESS SURGERY

Dr. Anurag Mishra
M.S. (Gen. & Lap. Surgeon)
Dr. Dharmender
M.S. (Gen. & Lap. Surgeon)

SKIN & VD

Dr. Nidhi Rao
M.D. (Skin & VD Specialist)

ORTHOPAEDICS & TRAUMA SURGERY

Dr. A.K. Pandey
D.Ortho, DNB (Ortho)
Dr. Gurdeep Singh
M.S. (Ortho.)
Dr. Anshuman Madaan
M.S. (Ortho.)

PAEDIATRICS

Dr. Bir Singh Yadav
M.D. (Paeds)

DENTAL & ORAL CARE

Dr. Raman Chhabra
Dental Surgeon
Dr. Priyanka Kalra
Dental Surgeon

RADIOLOGY

Dr. Venkat Reddy
M.D. Radiologist

OPD Card



CR Number : 20171306
Patient Name : Mrs. Priyanka Sharma
Age/Sex : 30 yr / F
Start Date : 05/12/2017 06:40PM
Doctor : Dr. Shalini Yadav
Amount : Rs 400
Address : Gurgaon Gurgaon Haryana India
Visit No. : 201720336 / 8
Husband Name : Mayank Panwar
Mobile No. : 8527294098
Case : New
Department : Gynaecology
Category : General

B.P - 100/60 mm/Hg
Wt - 53kg
D - 13wks

40 vomiting
4-5 episodic

PLA.
Ut just palpable.
Fusent.

↳ Left lateral position.
High protein diet.
Plenty of oral fluids.
Small & frequent meals 2-3hr
1. Tab Cherry Iron tabs of

22/12
Quadruple
Mauzer

2. Tab Lorcium. Hus on

3. Tab Elosprin 75mg OD

In card
to be made

4. Cap Suster 400mg 1cap
Viginae

5. Tab Dupraston 1
for

FACILITIES AVAILABLE

- 30 Bedded Hospital
- X-Ray (Digital)
- Ultrasound
- Laboratory
- Indoor Admissions
- General OPD
- Specialist OPD
- ECG & health Checkup
- Maternity & Child Care
- Immunization
- Accidental & Trauma Care Center
- All kinds of General & Lap. Surgery
- Fully Equipped Operation Theaters
- 24 Hour Emergency Services
- Chemist Shop
- On Panel of Major Insurance Co. & TPA's

AMBULANCE SERVICE 24 HOUR

Not Valid for Medico Legal Purpose

OPD TIMINGS :
Morning 9.00 to 1.30 p.m.
Evening 5.00 to 9.00 p.m.
(Sunday Evening Closed)

Tab Lau 40

Tab Lantae 100mg

for

6. Tab Prokaton Def