

24729



TEST REQUISITION FORM

Patient Details

First Name: SARITA Last Name: W/o SUMIT
Age: 28YS Gender: Male Female

Address: _____
Contact No.: _____

E-mail ID: _____

Referred by: _____ Contact No.: _____

For Maternal Screening - Date of Birth:

Weight: _____ kg. Height: _____ ft _____ inches, LMP: _____ Last Ultrasound Report

Billing Information

Client Name: Health medicos

Client ID: SKKAWSHIK 1692@gmail

Total Amount: Cash

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: 2911

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen
Date: _____ Time: _____
Patient ID: _____ No. of vials/container: _____

Signature of Accessioning Officer(s):
1 _____ 2 _____

Test Name/Test Code

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

EB → AFB
→ PCR
LS HPE

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature: Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 29/12/17 Time: _____
Fasting: Yes No Fasting Period: _____ Hrs.
Collection by: Amul
Urine Volume: _____ ml Hrs.

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 मोल्क्यु 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 परिणाम 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 भविष्य में किसी भी प्रकार के प्रयोग के लिए उपयोग में लाया जा सकता 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 मोल्क्यु प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रूप से 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।

Patient/Client/Doctor's Signature
Date: 29/12/17



ATRI NURSING HOME

(Advanced Obst. & Gynae Centre)
Sonepat Road, Rohtak
www.atrihospital.com

Ph. : 01262-650198
Mob. : 086077-74555

Dr. Sangeeta Atri
M.B.B.S. M.D. (Obst. & Gynae)
(Reg. No. : HN 4003)

- Painless Normal Delivery
- Laparoscopic Surgeries
- Infertility

OPD Timing - Monday to Saturday
Morning - 11.00 AM to 1.30 PM
Evening - 4.00 PM to 5.00 PM
Sunday OPD Closed

Name Varita S/o, D/o, W/o Sumit Age 28 Date 29/12/11

Sex Female
9802065656

MRP - 28.12.17
M.H. - 3-4 days
28 30-45
wants to conceive
trying since
1 year.

1st x 1^{1/2} year
1st infertility
USG on 5.9.11
ultrasound shows normal
size n normal echotexture
E7 - 12.5 mm
1.9 mm cyclic lesion seen in
endometrial cavity. 32.4 x 29 mm
cyclic lesion without any
septation or solid component is
seen in @ may be
simple cyst likely follicular

HSA
2 Husb
never
cellu
(2-5 y of detn)
C. Haemoph
ASO Ph
B. Vag. F
DRL K
HNS 1
HCV 1
HIV - 2
Pneumonia

EB-HPE (occ 16) - Proliferative
endometrium i
mild hyperplasia
PSM - 11.78 (8-12.18)
H - 2.48
Insulin (F) - 47.10 (Rand)
Prolactin - 12.32
Testosterone - 41.97

TD metformin
- SR
500 - 150
TD metformin
(150)
300
FV 2

अत्री नर्सिंग होम

सोनीपत रोड़, रोहतक

Avoid consultation(s) over phone. In case of emergency report to hospital
Contents of the prescription are not valid for Medico Legal Purpose