



TEST REQUISITION FORM

Patient Details

First Name : Mr. RAJBALA Last Name : _____

Age : 45 Yr Gender : Male Female

Address : Mahavirpura, Ggn
Contact No. : 9991744009

E-mail ID UHID NO- 0400/0655671

Referred by Dr. RASHMI Contact No. : _____

For Maternal Screening - Date of Birth :-

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

Billing Information

Client Name : Civil Hospital (P)

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 Accessioning Officer(s)

Test Name/Test Code

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


(Biopsy)

Instructions to Laboratory/Clinical Information

(Confirm Size)

Sent Specimen Information

Temperature : Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
Box	

Total No. of Vials/Container _____

Specimen Collection Information

Date : 25/01/19 Time : _____

Fasting : Yes No Fasting Period : _____ Hrs.

Collection by : Rahul

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 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, उसमें से बचे हुए नमूने को प्रयोगशाला कमी 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 मोल्क्यु 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 मोल्क्यु प्रयोगशाला को सम्पर्क कर सकते हैं, 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 : _____

GENERAL HOSPITAL, GURGAON

Investigation Outside Hospital

Name Raybale

Hospital Regd. No. AIM/1883/2018

Token Number 110

Proposed Surgery TAH ± BSO

Investigation required HPE

Referred to _____

Please don't charges him/her.

Date 24/1/18

Name and seal of Anesthetist _____

Signature _____

Date	14/09/2017	Srl No.	13
Name	MRS. RAJ BALA	Age	44 Yrs.
Ref. By	BABA HARI DAS X-RAY LAB	Sex	F
Ref.No.	292		

Test Name	Value	Unit	Reference Value
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ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size(117) mm . Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas head & body appears normal, tail is obscured by gases.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Right Kidney : measures 83 x 43 mm .

Left Kidney : measures 93 x 40 mm .

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and **bulky** measures 103 x 69.x 73 mm. **Myometrium shows heterogenous echopattern of 49 x 47 mm in endometrium and another subserosal lesion of 23 x 17 mm in anterior wall of lower ureteric**

This is a professional opinion.
Please Correlate Clinically in case of Opinion, Variation, Repeat or Discuss same day without any charges.
Opinion is not valid for medico legal purpose. Thanks



EQUIPPED WITH LATEST TECHNOLOGIES

FACILITIES: DIGITAL X-RAY, DIGITAL MAMMOGRAPHY, DIGITAL O.P.G., 4D ULTRASOUND SCANNING, HOLTER, T.M.T., ECHOCARDIOGRAPHY, COMPUTERISED PATH LAB, COMPUTERISED E.E.G. (21 CHANNEL), C.T. SCAN (WHOLE BODY), COMPUTERISED E.C.G., COMPUTERISED PFT, COLOUR DOPPLER

cth



Sidharth Imaging & Diagnostic Centre

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segment s/o fibroid .
 Endometrial thickness in lower uterine segment in 4.1 mm .

Both ovaries are visualised and are normal.

Right ovary measures 26 x 13 mm .

Left ovary measures 25 x 7 mm. No adnexal mass is seen.

No free fluid is seen in pouch of douglas.

IMPRESSION : BULKY UTERUS WITH FIBROID

ADVICE : TVS CORRELATION

**** End of Report ****

DR . NIKHIL GUPTA
 CONS-ULTRASONOLOGIST

This is a professional opinion.
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