MOLQ LABORATORY

TEST REQUISITION FORM

Patient Details

First Name : Vinod Last Name :

Age : 47/m Gender : Male ☐ Female ☐

Address :

Contact No :

E-mail ID

Referred by Contact No

For Maternal Screening - Date of Birth :- D

Weight : kg. Height : ft inc.

MR. VINOD 47 YRS M
14/09/2021 ID 0255
Cygnus SuperSpeciality Hospital Rewari
Fluids
Fluid Analysis-II 11266296

Billing Information

Client Name :

Client ID :

Total Amount :

Amount Received : Receipt No. :

Amount Balance / Due :

Payment via : ☐ CASH ☐ CHEQUE ☐ CREDIT

MolQ Code : 1687 CM
Client Name & Address:
CYGNUS MULTISPECIALITY HOSPITAL, Mohalla-Sanghi Ka Bas Rewari

Specimen Type Received (For MolQ use only)

Test Name/Test Code

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

Pleural Pelaid cytology
BIOChem
Afb, Xenexpert
CIS, Gram Stain
Maglinet cell
- fluid Analysis

MolQ 11266296

Instructions to Laboratory/Clinical Information

Body fluid

Send Specimen Information

Temperature : ☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
Centen	MolQ 11266296