


Unique Identifier

Test Name/Test Code

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

1. _____
 2. HPE Small
 3. _____
 4. 
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____

Patient Details


First Name: Reehma Devi Last Name: 151756
 Age: HS/F 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: Pushpanjali Rewari
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No.: _____
 Amount Balance/ Due: _____
 Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Information

Send Specimen Information

Tr  ent Refrigerated Frozen
 Container Type: Conter
 Vials ID Barcode: _____

Specimen Type Received (For MolQ use only)

Serum Bone Marrow CSF
 Plasma EDTA/FLU/CLT FN Aspirate Fluid
 SST Tissue Formalin BAL
 W. Blood EDTA Paraffin Block Sputum
 W. Blood Fluoride Smear Urine
 W. Blood Heparin Slide (H & E) Stool
 W. Blood Sodium Citrate Pus Swab
 Semen Blood Culture Bottle Others
 Other Sample Type/ Source: _____

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 _____

Specimen Collection Information

Date: 13/6/24 Time: 9:00
 Fasting: Yes No Fasting Period: _____ Hrs
 Collection by: Surender Kumar Rewari
 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 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. I agree to the access of my medical records and specimen for diagnostic and research purpose.
Disclaimer: The samples used for research 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 litigation by MolQ Laboratory, patient's identity will remain confidential.
 any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The financial liability/operation of any sort is not more than MRP of the test requested.

हस्ताक्षर, सेवा गन्तु के पूर्ण रूप से अधिक किया जाय और गुरु रूप से रखा जाय, जब इसको रखा किया जाय तो पूर्ण रूप से नियम और विनियमन का उपयोग किया जाय। किसी भी प्रकार के मोल्यू प्रयोग के प्रसार में मेरी को किसी जानकारी को पूर्ण रूप से रखा जाय।
 मैं जो अब संभव विचारत अपना जानकारी हेतु आप मोल्यू प्रयोग के लिये कर सकते हैं, किसी भी प्रकार के हस्ताक्षर द्वारा हेतु स्वारा मुद्रावत मुद्रावत, हस्ताक्षर है, किसी भी जाय का मुद्रा उसके दिए गए प्रमाण परामर्श (पुनर मुद्रा) से अधिक नहीं है।

Patient/Client/Doctor's Signature
 Date: _____



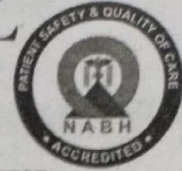
PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)


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HISTO PATHOLOGY REQUISITION SLIP

Consultant: Dr. SHREYASH YADAV  Date: 12/8/24

Name: Mrs. RENUKA DEVI Site: SAJJAN SINGH

Age: 45yrs Sex: Female Address: DEODHAR

OHID: 157758, IPD-24-02619 MOBILE: 9569908647

Category: Ayushman Bharat

Specimen: Site:

Brief Relevant Clinical History ? Baker's cyst

Brief Operative Note Swelling @ Baker

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP / Any other

Normal / Post Menoposal / Suspicious Lession / Other

Site of Sample
Cervix / Post fomix, Lat Vag wall / endo Cervix

Shreyash

Ref. Dr.....

Name	: RESHMA 45 Y/F	Sex / Age	: F / 45Y
MRN	: 19960	Modality	: MR
Referred By	: PUSHP. HOSP.	Study Date	: 10/6/2024, 1:01:17 pm

MRI LT KNEE

FINDINGS:

- Joint effusion:** Mild joint effusion. Baker cyst measuring 29 x 25 x 36mm.
- Meniscus:** Posterior root tear of the medial meniscus with extrusion of the body of meniscus by 4.7mm. Horizontal tear of the posterior horn of the medial meniscus. Lateral meniscus appear normal. No tear.
- Cruciate ligaments:** Mucoid degeneration of the anterior cruciate ligament. Posterior cruciate ligaments appear normal.
- Collateral ligaments:** Mild sprain of the medial collateral ligament. Lateral collateral ligaments appear normal.
- Posterolateral corner:** Normal.
- Extensor mechanism:** MPFL, LPFL, quadriceps and patellar tendon appears normal.
- Bones:** Tricompartmental marginal osteophyte with grade III/IV cartilage thinning over the medial tibiofemoral compartment with subchondral edema.
- Articular cartilage:** Normal. No imaging features of chondromalacia patella.
- Capsule:** Normal.
- Muscles:** Normal.

IMPRESSION :

- Tricompartmental marginal osteophyte with grade III/IV cartilage thinning over the medial tibiofemoral compartment with subchondral edema.
- Mucoid degeneration of the anterior cruciate ligament.
- Posterior root tear of the medial meniscus with extrusion of the body of meniscus by 4.7mm. Horizontal tear of the posterior horn of the medial meniscus.
- Mild joint effusion. Baker cyst as described.

[Handwritten Signature]

Dr. Nirjay K K
MBBS, MDRD, Fellowship in MSK,
FMC - 116956



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Patient Name: Mrs. RESHMA DEVI UHID No: 151756 IPD No: 24-02619
 Age / Sex: 45y / F Bed No: _____ DOA: 11/6/24 DOS: 12/6/24

OPERATION THEATRE NOTES

Surgeon In-charge: Dr. Prayag Anesthetist: Dr. Mohit
 Assistant Surgeon: _____ OT Technician: _____
 OT Staff: K. K. K. Type of Anaesthesia: LSA
 Pre-Operative Diagnosis: Baker's cyst @ knee with stiffness
 Post-Operative Diagnosis: _____
 Procedure Name: Athlyolysis of knee + Baker's cyst excision
 Operation Started at: 6:30 Operation Finished at: 11:30 Duration: 70 min
 Sponge Count: _____ Whome: _____

Operative Notes:

- Pt kept prone LSA
- @ LK marked painted & draped
- Anterior incision for plane made
- cyst - 10x5 cm LF used
- Anterior joint capsule opened
- ROM - 0-90°
- Athlyolysis of joint capsule & joint class
- Closure done in layers. APB done

Organ Exploded: _____
 Specimen Sent for histopathology (if any): _____
 Immediate post-operative condition: _____

Surgeon's Signature: Prayag
 Date & Time: 12/6/24 +P (am / pm)