

Unique Identifier

Test Name/Test Code

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

Patient Details

First Name: Niranjay Singh Last Name: 152752

Age: 78/M 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 _____

Instructions to Laboratory/Clinical Information

Billing Information

Client Name: Pushpanjali Rewari

Client ID: _____

Total Amount: _____

Amount Received: _____ Receipt No.: _____

Amount Balance/ Due: _____

Payment via:

Cash Cheque Credit ePlatform

Specimen Information

Temperature: Ambient Refrigerated Frozen

Sample / Vial Type	Vials ID Barcode
<u>Conten</u>	

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
- Semen
- 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 _____

Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 29/6/24 Time: 2:00

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 publication by MolQ Laboratory, patient's identity will remain confidential.

For 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 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 रोगी की हालत या सूचना का खुलासा अगर परीक्षण के संचालन के लिए आवश्यक है, तो मैं इस इसकी अनुमति देता हूँ क्योंकि इस जानकारी को साझा 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 न कराई जाए। इसके पश्चात मैं प्रयोगशाला को दोषारा अधिकृत करता हूँ कि जो नमूना जांच के लिए उपलब्ध कराया या, उसमें से बचे हुए नमूने को प्रयोगशाला कर्मों भी, किसी भी समय और किसी भी प्रकार के प्रयोग के लिए उपयोग में ला सकती है। 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।

अभ्युक्ति: शेष नमूने को पूर्ण रूप से अंकित किया जाए और गुप्त रूप से रखा जाएगा, जब इसको नष्ट किया जाएगा तो पूर्ण रूप से नियम और विनियमता का उपयोग किया जाएगा। किसी भी प्रकार के मोल्क्यू प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारी को पूर्ण रूप से गुप्त रखा जाएगा।

किसी भी जांच संबंध शिकायत अथवा जानकारी हेतु आप मोल्क्यू प्रयोगशाला को संपर्क कर सकते हैं, किसी भी प्रकार के कानूनी झगड़े हेतु हमारा मुख्यालय गुडगांव, हरियाणा है, किसी भी जांच का मूल्य उसके दिए गए अधिकतम एमआरपी (पुटकर मूल्य) से अधिक नहीं होगा।

Patient/Client/Doctor's Signature
Date: _____



PUSHPANJALI HOSPITAL

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E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



HISTO PATHOLOGY REQUISITION SLIP

Date..... 28/6/2024.....

Name..... Nishan Singh..... S/o.....

Age..... 78y..... Sex..... M..... Address..... Bhokarwa.....

..... 152752 / 3212..... Admission No..... 9992922230.....

Specimen..... Site.....



Brief Relevant Clinical History

TURP chips

Brief Operative Note

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

Ref. Dr.....

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Ref No.	PDC/USG/OPC/UHID/52752	Date	26-06-2024
Patient's Name	Mr. Niranjana Singh	Age & Sex	78Y/M
Referred By	Dr. Kamal	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein is normal. The CBD is not dilated.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is partially distended (Unable to hold more urine). A multi faceted calculus of size 26.6mm is seen in lumen of urinary bladder. UB wall is diffusely thickened, measures about 8.6mm. Foley's bulb is seen in-situ.

Prostate is marked enlarged in size volume 102cc.

No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION: Marked prostatomegaly with UB calculus and cystitis.

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist