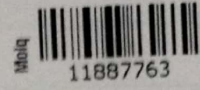


Unique Identifier

**Patient Details**

First Name: Munesh Last Name: 152696  
 Age: 36/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 \_\_\_\_\_


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

1. \_\_\_\_\_  
 2. HPE small  
 3. \_\_\_\_\_  
 4.  11887763  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_  
 9. \_\_\_\_\_

**Billing Information**

Client Name: Pushpanjali Rawari  
 Client ID: \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 Amount Received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 Amount Balance/ Due: \_\_\_\_\_  
 Payment via:  Cash  Cheque  Credit  ePlatform

**Instructions to Laboratory/Clinical Information**

Se \_\_\_\_\_ Information \_\_\_\_\_  
 Ter  11887763  Refrigerated  Frozen

**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: \_\_\_\_\_

**Sample / Vial Type** **Vials ID Barcode**

<u>Conten</u>	

**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)

**Specimen Collection Information**

Total No. of Vials/Container: \_\_\_\_\_  
 Date: 29/6/24 Time: 11:00  
 Fasting: Yes  No  Fasting Period: \_\_\_\_\_  
 Collection by: Surender Kumar Rawari  
 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 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 without my written consent. 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 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 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 compensation of any sort is not more than MRP of the test requested.

रोगी सहमति: मैं मोल्यू 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 अनमति देता हूँ यदि इस जानकारी को साझा उस सीमा तक साझा की जाए, जो कि कानूनी सीमा के अंतर्गत है। 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 अधिकृत करता हूँ कि जो नमूना जांच के लिए उपलब्ध कराया था, 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 रिकॉर्ड्स और नमूने को नैदानिक प्रयोग और किसी भी प्रकार के अनुसंधान के लिए उपयोग में लिया जा सकता है।  
 अस्वीकृति: 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 मोल्यू प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रूप से गुप्त रखा जाएगा।  
 किसी भी जांच संबद्ध शिकायत अथवा जानकारी देना आप मोल्यू 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 (फुटकर मूल्य) से अधिक नहीं होगा।

Patient/Client/Date: \_\_\_\_\_





# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India  
Phone No +91-1274-263300, 260021  
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

## HISTO PATHOLOGY REQUISITION SLIP

Dr Kiran Yadav

Date 28-6-24

Name Mrs. Munish Singh Dr. Pardeep

Age 264 Sex f Address Jahroda

Admission No. 9729414152  
UHAID 152696  
03133

Specimen Site



Brief Relevant Clinical History

Ulcers cervix

Brief Operative Note

of tuberosities

Any Relevant Special Investigation

fu

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....



आर्य समाज

# AASTHA IMAGING CENTRE

Dr. Mahesh Kumar

MBBS, DNB (Radio-Diagnostic)  
Consultant Radiologist  
Regd. No. 196015106

USG, COLOR DOPPLER, CT SCAN & DIGITAL X-RAY

Opp. HUDA Park, Near Bus Stand, Mahendergarh

NAME: MUNESH

AGE: 30 Y/F

DATE: 23-Jun-24

### USG ABDOMEN

**Liver:** span is normal in size outline and echotexture. Hepatic vasculature & IHBR's are normal. No mass lesion is seen.

**Gall Bladder:** is distended. Pericholecystic fat plane appears maintained.

**Pancreas:** Normal in size, outline, echotexture in head and body region, with obscured tail region. PD is not dilated.

**Spleen:** span is 14cm enlarge in size. No focal solid/cystic lesion seen.

**Right Kidney:** is normal in size, shape, echotexture & outline. CMD is well maintained. No calculus/hydronephrosis/ hydroureter is seen.

**Left Kidney:** is normal in size, shape, echotexture & outline. CMD is well maintained. No calculus/hydronephrosis/ hydroureter is seen.

**Urinary bladder:** is distended. No echogenic mass. No calculus is seen.

**Uterus:** Large solid isoechoic lesion of size -19x11x13.8cm noted in pelvis and stretched out uterus.

No free fluid is seen in peritoneal cavity.

### IMPRESSION :

- Splenomegaly .
- Large solid isoechoic lesion noted in pelvis with stretched out uterus  
-Likely large uterine fibroid.

Kindly correlate clinically

DR. MAHESH KUMAR  
Radiologist ( MBBS, DNB )  
REG NO. 015106

This is a professional opinion only and not the final diagnosis. The report is to be correlated clinically and with lab report  
Any Clinical-Radiology discrimination, contact Radiologist Immediately.

हमारे सभी रिपोर्ट्स की सटीकता की हमारी है क्योंकि हमारे पास है।

Thanks For Reference → Not Meant For Medico-Legal Purpose → Best Diagnostic Centre in Mahendergarh

