



TEST REQUISITION FORM

Test Name/Test Code
(Please refer to the Directory of Services for correct name and specimen type)

Patient Details

First Name: Mohit Yadav Last Name: 152985

Age: 16/11 Gender: Male Female

Address: _____ Contact No. _____

E-mail ID: _____

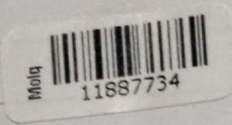
Referred by: _____ Contact No. _____

For Maternal Screening-Date of Birth:

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

Instructions to Laboratory/Clinical Information

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

Billing Information

Client Name: Rushpanjali Rewari

Client ID: _____

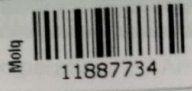
Total Amount: _____

Amount Received: _____ Receipt No.: _____

Amount Balance/ Due: _____

Payment via: Cash Cheque Credit ePlatform

Specimen Information

 Ambient Refrigerated Frozen

Sample / Vial Type Vials ID Barcode

Container

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
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Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 2/7/24 Time: 11:00

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 of compensation of any sort is not more than MRP of the test requested.

मौलिक जानकारी: मैं मोल्क्यू 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 संवाहन के लिए आवश्यक है, तो मैं इस जानकारी को प्रकाश में लाने की अनुमति देता हूँ, यद्यपि इस जानकारी को सफाई और 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 अलावा मैं प्रयोगशाला को और अधिकृत करता हूँ कि जो नमूना जांच के लिए उपलब्ध कराया जा, उससे से बचे हुए नमूने को प्रयोगशाला कर्मों में, किसी भी समय और किसी भी प्रकार के प्रयोग के लिए उपयोग में लिया जा सकता है।

मौलिक जानकारी: शेष नमूने को पूर्ण रूप से अक्षित किया जाए और गुप्त रूप से रखा जाएगा, जब इससे नष्ट किया जाएगा तब पूर्ण रूप से निश्चय और विनियमन का उपयोग किया जाएगा। किसी भी प्रकार के मोल्क्यू प्रयोगशाला के प्रकाशन में लोगों की निजी जानकारियों को पूर्ण रूप से गुप्त रखा जाएगा।

मौलिक जांच संबंधी शिकायत अथवा जानकारी हेतु आप मोल्क्यू प्रयोगशाला को संपर्क कर सकते हैं, किसी भी प्रकार के कानूनी झगड़े हेतु हमारा मुख्यतः गुडगांव, हरियाणा है, किसी भी जांच का मूल्य उसके लिए ग्राहक द्वारा भुगतान किया जाएगा।

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HISTO PATHOLOGY REQUISITION SLIP

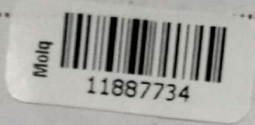
Date 7-7-24

Name Mr Mohit Yadav S/o Anil Kumar

Age 164 Sex M Address Rewari

U+ID 152985 Admission No. Rewari
09262

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



Brief Relevant Clinical History

Appendix

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....

LMP / Any other

Normal / Post Menoposal / Suspicious Lesion / Other

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

Ref. Dr.....



Patient Name: Mohit s/o Anil Kumar
Age: 16Y/M

Date: 29/06/2024
Ref. By: Dr. Sanjeev Arora

ULTRASOUND REPORT (WHOLE ABDOMEN)

- Liver:** Normal size, shape & echo pattern.
No evidence of obvious focal mass lesion.
PV - Normal,
CBD - Normal
IIBR - Not dilated.
- GB:** Wall regular & normal thickness.
No evidence of stone/mass seen.
- Spleen:** Normal size, shape & echopattern.
- Pancreas:** Normal size, shape & echotexture.
- Right Kidney:** Normal size, shape & echopattern.
Corticomedullary differentiation normal.
No evidence of nephrolithiasis / nephrocalcinosis.
Pelvicalyceal system normal.
- Left Kidney:** Normal size, shape & echopattern.
Corticomedullary differentiation normal.
No evidence of nephrolithiasis / nephrocalcinosis.
Pelvicalyceal system normal.

No evidence of obvious abdominal lymphadenopathy.
No evidence of free fluid in abdomen.

Urinary Bladder: Inadequately distended.
Walls normal, lumen clear.

RIF study: There is e/o blind ending, tubular, non-compressible, non-peristaltic structure seen in RIF s/o inflamed appendix. Maximum diameter is 7.6mm. Mural wall is minimally thickened. Probe tenderness is mild. No e/o periappendicular adhesion seen. No e/o periappendiceal collection seen.

Imp: Findings s/o acute appendicitis (early).

ADV: Clinical correlation
CBC

(Signature)
DR. RAJESH GOYAL
RADIOLOGIST





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NAME: Mohit Yada UHD No: 1529 PS RCH No: 03262
 Age: 45 Sex: M DOB: 25-6-2005 - 7-2-14

OPERATION THEATRE NOTES

Surgeon In-charge: _____ Anesthetist: _____
 Assistant Surgeon: _____ OT Technician: _____
 OT Staff: _____ Type of Anaesthesia: _____
 Pre-Operative Diagnosis: ACUTE APPENDICITIS
 Post-Operative Diagnosis: _____
 Procedure Name: LAP APPENDICECTOMY Duration: _____
 Operation Started at: _____ Operation Finished at: _____
 Sponge Count: _____ With: _____

Operative Notes:

- OT Findings -
1. Elongated and inflamed appendix, retrocecal in position, dense adhered to surrounding structures
 2. Base of the appendix ligated with endotrap
- Appendix

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

Surgeon's Signature: _____

Date & Time: _____