



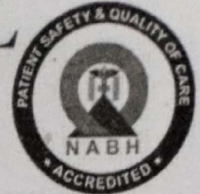
PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

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DR Kishan Yadav HISTO PATHOLOGY REQUISITION SLIP

Date... 01-7-21

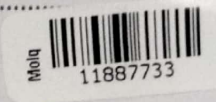
Name Mrs Kamlesh L/S/O Tulca Ram

Age 49y Sex F Address Bhakli

UHIP 152701 / 03299 Admission No 94667 81489

Specimen Site

Brief Relevant Clinical History (Rt salpingoophorectomy specimen) for HPE ①



Brief Operative Note ② left ovarian biopsy



Any Relevant Special Investigation ③ cervical polyp



CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Signature

Clinical Finding and History LMP / Any other

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

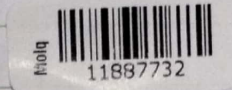
Ref. Dr.



Unique Identifier

Test Name/Test Code

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

- 1.
2. **HPE small-2**
- 3.
4. 
- 5.
- 6.
- 7.
- 8.
- 9.

Patient Details


First Name: **Kamlesh-2** Last Name: _____
 Age: **49 1/2** 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

Specimen Information

Ter  Ambient Refrigerated Frozen

Sample / Vial Type	Vials ID Barcode
Conten	

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: **21/7/24** 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 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 प्रकट किसी भी भाषा के साथ साझा कर सकती है। मेरी बीमारी की हालत या सूचना का खुलासा अगर परीक्षण के संघानन के लिए आवश्यक है, तो मैं इस इसकी अनुमति देता हूँ यद्यपि 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 करवा जाए। इसके पश्चात मैं प्रयोगशाला को दोबारा अधिकृत करता हूँ कि जो समाना जांच के लिए उपलब्ध करवाया था, उसी से बचे हुए समाना को प्रयोगशाला करे। 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 गैरनिर्दिष्ट प्रयोग और किसी भी प्रकार के अनुसंधान के लिए उपयोग में लिया जा सकता है।

अस्वीकृति: शेष नमूने को पूर्ण रूप से अधिकृत किया जाए और शेष रूप से रखा जाएगा, जब इसके अंतर्गत जांच के लिए उपयोग किया जाएगा। किसी भी प्रकार के प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारी को पूर्ण रूप से गुप्त रखा जाएगा। किसी भी जांच संबंधित शिकायत अथवा जानकारी हेतु आप मोल्क्यू प्रयोगशाला को संपर्क कर सकते हैं। किसी भी प्रकार के कानूनी झगड़े हेतु हमारा मुख्यतः मुद्रांक, हरियाणा है। किसी भी जांच का मूल्य उसके लिए ग्राहक प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारी को पूर्ण रूप से गुप्त रखा जाएगा।

Patient/Client/Doctor's Signature
Date: _____



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E-mail: pushpanjalihospitalrewari@gmail.com CIN: U051100L1987PTC037727

Name: Mr Kamlesh UHO No: 152701 IPD No: 23299
Sex: Male Bed No: 4948 DOA: 1-7-24 DOS: 1-7-24

OPERATION THEATRE NOTES

Person in-charge: Dr. Kunal Yadav Anaesthetist: A. Mahal
Assistant Surgeon: OT Technician: Rakesh Singh
Type of Anaesthesia: GA

Pre-Operative Diagnosis: Asy ovaries
Post-Operative Diagnosis: Laparoscopic Rt salpingo oophorectomy
Procedure Name: Operation Finished at: 12:30

Operation Started at: 10:30 Whose: Left ovarian biopsy
Sponge Count: 1 ASP 190
Operative Notes: per sp 1.7cc open ccrued polypoidal

Huge ovaries was filled
entire abd. area 4.7cc fluid
clear
removal
ovaries
with

ulcers wound
left tube 1
very wound
Rts done for left ovary
biopsy

Organ Explored: Hemorrhagic capsule
Specimen Sent for histopathology (if any):
Immediate post-operative condition: ex polypoidal

Surgeon's Signature: [Signature]
Date & Time: 15-07-24
In-charge: [Signature]