TEST REQUISITION FORM

MolQ LABORATORY

Unique Identifier

ent Details

Name: Mukesh Last Name: 153105

54/F Gender: Male ☐ Female ☐

ess:

Contact No:

il ID:

red by: Contact No:

laternal Screening-Date of Birth: D D M M Y Y Y Y

t: kg. Height: ft inches. LMP:

Test Name/Test Code

(Please refer to the Directory of Services for correct name and speci

1.
2. HPE Small
3.
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11887740

g Information

Name: Pushpanjali Rawat

ID:

Amount:

nt Received: Receipt No:

nt Balance/ Due:

nt via:

☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Instructions to Laboratory/Clinical Informati

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ormation

Refrigerated

Sample / Vial Type	Vials ID Bar
Canter	

Total No. of Vials/Container:

men Type Received (For MolQ use only)

rum	☐ Bone Marrow	☐ CSF
asma: EDTA/FL/CIT	☐ FN Aspirate	☐ Fluid
ST	☐ Tissue Formalin	☐ BAL
Blood EDTA	☐ Paraffin Block	☐ Sputum
Blood Fluoride	☐ Smear	☐ Urine
Blood Heparin	☐ Slide (H & E)	☐ Stool
Blood Sodium Citrate	☐ Pus	☐ Swab
men	☐ Blood Culture Bottle	☐ Others

Sample Type/ Source

ved Specimen Information (For MolQ use only)

erature: ☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

t ID: No. of vials/container:

1	2

Signature of Accessioning Officer(s)

Specimen Collection Information

Date: 11/7/24 Time: 9:06

Fasting: Yes ☐ No ☐ Fasting Period:

Collection by: Surender Kumar

Urine Volume: ml Hrs

Scanned with OKEN Scanner

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: U85110DL1987PTC207737

Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name: Malathi
Referring Doctor: Dr. Manoj Yadav
Date: 01/07/24
Name:
Date of Birth: 54
Sex: Male / Female
IPD No:
Collection Centre:
Uhid No: 153103 OP
Telephone:
RCC (if different):

Site of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type of Specimen:

- [ ] Large
- [ ] Medium
- [x] Small

Antral biopsy to R/o H. Pylori

- [ ] Miscellaneous
- [ ] IHCmarkers
- [ ] SpecialStains
- [ ] Microphotography

Histopath Slides / Blockforreview:

Fixation

- [ ] Adequate
- [ ] Inadequate

Doctor's Signature's