

Unique Identifier

**Test Name/Test Code**

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

**Patient Details**

Name: Mukesh Last Name: 153105

54/F Gender: Male  Female

Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

Mobile ID: \_\_\_\_\_


Referred by: \_\_\_\_\_ Contact No. \_\_\_\_\_

Maternal Screening-Date of Birth:

Weight: \_\_\_\_\_ kg. Height: \_\_\_\_\_ ft \_\_\_\_\_ inches, LMP: \_\_\_\_\_

1. \_\_\_\_\_

2. HPE Small

3.  11887740

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

**Paying Information**

Name: Pushpanjali Rawari

ID: \_\_\_\_\_


Amount: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Amount Balance/ Due \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePlatform

**Instructions to Laboratory/Clinical Information**

 11887740

Temperature:  Ambient  Refrigerated  Frozen

**Specimen Type Received (For MolQ use only)**

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum                | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma: EDTA/FUCIT   | <input type="checkbox"/> FN Aspirate          | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> Tissue               | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> BAL    |
| <input type="checkbox"/> Blood EDTA           | <input type="checkbox"/> Paraffin Block       | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> Blood Heparin        | <input type="checkbox"/> Slide (H & E)        | <input type="checkbox"/> Stool  |
| <input type="checkbox"/> Blood Sodium Citrate | <input type="checkbox"/> Pus                  | <input type="checkbox"/> Swab   |
| <input type="checkbox"/> Semen                | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |
- Sample Type/ Source: \_\_\_\_\_

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

**Specimen Information (For MolQ use only)**

Temperature:  Ambient  Refrigerated  Frozen

Time: \_\_\_\_\_

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

Fasting: Yes  No  Fasting Period: \_\_\_\_\_

Collection by: Surender Kumar

Urine Volume: \_\_\_\_\_ ml Hrs. \_\_\_\_\_

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any conditions, disease, infection, test results, etc. Medical records/information, to the extent applicable by laws and regulations, will be kept confidential and will not be made public. I agree to 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 for research purposes. 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. MolQ Laboratory, patient's identity will remain confidential. For more related complaints/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The cost of the test is not more than MRP of the test required.

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any conditions, disease, infection, test results, etc. Medical records/information, to the extent applicable by laws and regulations, will be kept confidential and will not be made public. I agree to 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 for research purposes. 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. MolQ Laboratory, patient's identity will remain confidential. For more related complaints/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The cost of the test is not more than MRP of the test required.



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Lab No.

## HISTOPATHOLOGY REQUISITION FORM

Patient Name Mukesh Referring Doctor Dr. Manoj Yadav Date 01/07/24  
 Name \_\_\_\_\_ Date of Birth 54 Sex: Male / Female   
 IFO No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 153103 *o.p.*  
 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  Small

Antral biopsy to R/o H. Pylori

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

Fixation  
 Adequate   
Inadequate

[Signature]  
Doctor's Signature's