



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

Date 21/7/2021

Name Santosh Devi S/o.....

Age 58y Sex F Address.....

148844 / 3346 Admission No. 8059615334

Specimen..... Site.....
 11897715

Brief Relevant Clinical History Sebaceous cyst

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

Exocervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. 1

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct)

Patient Details

First Name: Santosh Devi Last Name: 148844

Age: 58/F Gender: Male Female

Address: _____ Contact No. _____

Email ID: _____

Referred by: _____ Contact No. _____

Maternal Screening-Date of Birth:

Weight: _____ kg. Height: _____ ft _____ inches, LMP _____

1. _____
2. HPE Small



Billing Information

Patient Name: Pashpanjali Rewari

Patient ID: _____

Initial Amount: _____

Amount Received: _____ Receipt No. _____

Amount Balance/Due: _____

Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical

Specimen Information

Temperature: Ambient Refrigerated Frozen

Sample / Vial Type _____

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 _____

Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 3/7/24 Time: 1

Fasting: Yes No Fasting Period _____

Collection by: Surender

Urine Volume: _____ ml

Consent: I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any conditions, diagnosis, or performance of the test or services etc. Medical records/information, to the extent applicable by laws and regulations, will be kept confidential and will not be used for the use of the laboratory 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 information 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 MolQ Laboratory, patient's identity will remain confidential.
For service related complaints/queries please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon.
The cost of any test is not more than MRP of the test requested.
MolQ Laboratory is not responsible for any delay in the receipt of the test results. The test results will be provided to the patient through the patient's registered mobile number or email address. The patient is advised to check the test results regularly. The patient is advised to contact the laboratory in case of any delay in the receipt of the test results.
The patient is advised to contact the laboratory in case of any delay in the receipt of the test results. The patient is advised to contact the laboratory in case of any delay in the receipt of the test results.
The patient is advised to contact the laboratory in case of any delay in the receipt of the test results. The patient is advised to contact the laboratory in case of any delay in the receipt of the test results.