



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

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

Lab No:

## HISTOPATHOLOGY REQUISITIONFORM

Patient Name Anita Devi Referring Doctor Dr. Manoj Yadav Date 03/07/24  
 Name \_\_\_\_\_ Date of Birth 56 Sex: Male / Female   
 IPD No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 003940

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

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Antral biopsy to R/o H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature's

Manoj  
 Dr. Manoj Yadav  
 MBBS, MD (Gold Medalist)  
 DM Gastroenterology  
 Reg. No. H1117017



# TEST REQUISITION FORM

Unique Identifier

### Test Name/Test Code

(Please refer to the Directory of Services for code)

### Details

Name: Anita Devi Last Name: 03240  
Self Gender: Male  Female

1. HPE Small



Contact No. \_\_\_\_\_

Contact No. \_\_\_\_\_

Screening-Date of Birth:

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

### Information

Pushpanjali Rewari

### Instructions to Laboratory/Clinic

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

Due: \_\_\_\_\_

Payment:  Cheque  Credit  ePlatform

### Information

Barcode: 11887707  Patient  Refrigerated

### Sample / Vial Type

Contc

### Type Received (For MolQ use only)

- Bone Marrow
- FN Aspirate
- Tissue Formalin
- Paraffin Block
- Smear
- Slide (H & E)
- Pus
- Blood Culture Bottle
- CSF
- Fluid
- BAL
- Sputum
- Urine
- Stool
- Swab
- Others

Type/ Source: \_\_\_\_\_

### Specimen Information (For MolQ use only)

Ambient  Refrigerated  Frozen

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

No. of vials/container: \_\_\_\_\_

1	2
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Signature of Accessioning Officer(s)

Total No. of Vials/Container: \_\_\_\_\_

### Specimen Collection Information

Date: 3/11/24 Time: \_\_\_\_\_

Fasting: Yes  No  Fasting

Collection by: Surender Kumar

Urine Volume: \_\_\_\_\_ ml

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any conditions of 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 research purposes. I agree to the access of any leftover specimens for immediate research and in future research of any kind and at any time in the future.

Information used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable. Laboratory patient's identity will remain confidential.

In case of any complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon. This is not more than MRP of the test requested.

हमने आपको सूचित किया है कि हमारी प्रयोगशाला आपकी किसी भी जानकारी के साथ साझा कर सकती है। हमारी प्रयोगशाला की जानकारी का उपयोग अन्य प्रयोगशाला के साथ साझा करने के लिए किया जा सकता है। हमें इस प्रकार की जानकारी को पूर्ण रूप से सुरक्षित रखने और सार्वजनिक रूप से उपयोग में लाने से निवारण करने के लिए प्रयास किया जा रहा है। हमें सूचित करने के लिए प्रयास किया जा रहा है। किसी भी समय और किसी भी प्रकार के प्रयोग के लिए उपयोग में लाया जा सकता है।