



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 5/2/24

Name Mr Kailash S/o

Age 56yrs Sex male Address Mangalpur 9467066974

UHID 153310 Admission No 3741

Specimen 1. (LT) Parotid tumor Site 
wik gland

Relevant Clinical History 2. Lymph node 

Operative Note (LT) Parotid tumor - ? Pleomorphic Adenoma

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP / Any other

Menstrual / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Pre / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr. 

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Ref No.	PDC/USG/OPC/UHID153310	Date	04-07-2024
Patient's Name	Mr. Kailash	Age & Sex	56Y/M
Referred By	Dr. Neeraj	Test Done	USG-

ULTRASOUND THYROID (NECK)

Sonography of the neck was performed using high frequency transducer.

A well circumscribed lobulated heterogeneous focal lesion of size 39x23mm is seen in superficial lobe of left parotid gland, showing flow on color doppler-? Pleomorphic adenoma..

Both lobes and Isthmus of thyroid are normal in size and echotexture.


Bilateral submandibular and right parotid glands are normal.

Bilateral carotid arteries and jugular veins are normal.

No evidence of cervical lymphadenopathy.

IMPRESSION- USG Neck reveals-? Pleomorphic adenoma in left parotid gland.

Adv:- FNAC and Clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Name : Kailash UHID No. : 153310 IPD No. : 3441
Sex : 564/M Bed No. : D.O.A. : 5.7.24 D.O.S. : 5/7/24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :
Assistant Surgeon : OT Technician :
Staff : Type of Anaesthesia :
Operative Diagnosis : (LT) Parotid Tumor - ? Pleomorphic Adenoma
Operative Diagnosis :
Procedure Name : Superficial parotidectomy done
Operation Started at : Operation Finished at : Duration :
Instrument Count : Whome :

Operative Notes :

OT Findings . 1. Approx. 3x3 cm (LT) parotid tumor
2. Facial Nerve identified and preserved

Specimens Collected :
Specimens Sent for histopathology (if any) :
Patient's post-operative condition :

Surgeon's Signature : [Signature]
Date & Time : (am / pm)



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

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

Test Details

Name: Kailash - 1 Last Name: 153310

561m Gender: Male Female

Contact No. _____

D: _____

Ordered by: _____ Contact No. _____

External Screening-Date of Birth:

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

1. _____

2. HPE Small - 1

3. _____

4.

5. _____

6. _____

7. _____

8. _____

9. _____

Information

Name: Pushpanjali Rawat

Account: _____

Received: _____ Receipt No.: _____

Balance/ Due: _____

via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Information

Ambient Refrigerated

Sample / Vial type	Vials ID Barcode
<u>Contc</u>	

Specimen 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

Sample Type/ Source: _____

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

No. of vials/container: _____

1 _____ 2 _____

Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 5/7/24 Time: 9:00

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 (derived from 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 public. 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 purpose.

For 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 any 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 requested.

यह प्रयोग करने के लिए है कि मेरी सभी व्यक्तिगत जानकारी अपने किसी भी साथी के साथ साझा कर सकती है। मेरी बीमारी की जानकारी या स्वास्थ्य का प्रयोग का प्रयोग अन्य परिणाम के संसाधन के लिए उपयोग के लिए जानकारी को साझा कर सकता है। यह साझा कर सकता है, जो कि किसी भी समय के अनुसार हो। मेरी सभी व्यक्तिगत जानकारी को सुरक्षित रखे जायेगा और संवेदनशील रूप से उपचारित न करवाये जाये। इसके अलावा मैंने भी अपने सभी जानकारी को साझा करने के लिए अनुमति दे दी है। किसी भी समय और किसी भी स्थान के प्रयोग के लिए उपयोग में आ सकती है। मैं सहमत हूँ कि मेरी जानकारी को साझा करने के लिए उपयोग के लिए उपयोग में लिया जा सकता है।

मेरी सभी जानकारी को सुरक्षित रखा जायेगा और साझा नहीं किया जायेगा। मेरी सभी जानकारी को सुरक्षित रखा जायेगा और साझा नहीं किया जायेगा। किसी भी समय के लिए मेरी जानकारी को सुरक्षित रखा जायेगा और साझा नहीं किया जायेगा।

किसी भी समय और किसी भी स्थान के प्रयोग के लिए उपयोग में आ सकती है। किसी भी समय और किसी भी स्थान के प्रयोग के लिए उपयोग में आ सकती है। मैं सहमत हूँ कि मेरी जानकारी को साझा करने के लिए उपयोग के लिए उपयोग में लिया जा सकता है।