



# 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 07/07/24

Name MRS ANITA KUMARI w/o Ajay KUMAR

Age 38 yrs Sex Female Address Sec 1 (Rewari)

Admission No. 143542

IPD No - 03512

Specimen Site Mob :- 9466492790

Relevant Clinical History



① Rt tube } for I/P

Operative Note



② left tube }

B/c tubectomy specimen

Relevant Special Investigation

*[Handwritten signature]*

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Pre / Post Menopausal / Suspicious Lesion / Other

Type of Sample

Pre / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....



# TEST REQUISITION FORM

Unique Identifier

## Test Name/Test Code

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

### Details

Name: Anta Kumari - 1 Last Name: 143542

36/F Gender: Male  Female

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

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

Screening-Date of Birth:

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

Last Updated: \_\_\_\_\_

1.	
2.	<u>HPE Small - 1</u>
3.	
4.	
5.	
6.	
7.	
8.	
9.	

### Information

Name: Pushpanjali Rawari

Address: \_\_\_\_\_

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

Balance/ Due: \_\_\_\_\_

Payment:  Cash  Cheque  Credit  ePlatform

### Instructions to Laboratory/Clinical Informant

Storage:  Room Temp  Refrigerated

Sample / Vial Type	Vials ID
<u>Conter - 1</u>	

### Specimen Type Received (For MoIQ use only)

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

### Specimen Information (For MoIQ use only)

Temperature:  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: 8/7/24 Time: 11:

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

Collection by: Surender Kumar

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

I hereby authorize MoIQ Laboratory to use and share with affiliates, my personal information (including but not limited to any condition/ disease info) in 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. If 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.

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

For related complaint/query please contact MoIQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. My sort is not more than MRP of the test requested.

प्रायोगिकता को अधिकृत करता है कि मेरी पूर्ण व्यक्तिगत जानकारी अपनी किसी भी प्रकार के साथ साझा कर सकती है। मेरी बीमारी की प्रकृति या मुझसे जो संबंधित अन्य परीक्षण के माध्यम से प्राप्त किए गए हैं, उनमें से कुछ को साझा करने के लिए मुझे पता है कि जो जानकारी को साझा करने के लिए उपयोग किया जा सकता है, उसकी वजह से मेरी बीमारी को समझने में मदद कर सकता है। मेरी जानकारी को साझा करने से मुझे एक जोर और सकारात्मक रूप से उपयोग में आना चाहिए। इसके अलावा, मेरी जानकारी को साझा करने के लिए उपयोग में किया जा सकता है।

मेरी रक्त को अलग किया जा रहा है और इसे सुरक्षित रख दिया जाएगा। जब इसमें जरूरत पड़ेगी तो मेरी रक्त से निदान और चिकित्सा के लिए उपयोग किया जाएगा। किसी भी प्रकार के अनुसंधान के लिए मेरी जानकारी को साझा करने से मुझे एक जोर और सकारात्मक रूप से उपयोग में आना चाहिए।

मेरी जानकारी को साझा करने के लिए उपयोग में आना चाहिए। मेरी जानकारी को साझा करने के लिए उपयोग में आना चाहिए। मेरी जानकारी को साझा करने के लिए उपयोग में आना चाहिए।



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Ref No	PDC-USG/OPC/UHD001877	Date	15-06-2024
Patient's Name	Mrs. Anta w.o Ajay Kumar	Age & Sex	35Y/F
Referred By	Dr. Kiran Yadav	Test Done	USG+

## OBSTETRICS SCAN

LMP: 16-10-2023 (Gestational age by L.M.P. 34wks 5days)

Scan shows single foetus with cephalic presentation.  
 Foetal cardiac activity and foetal movements are seen. FHR: 159BPM.  
 No obvious gross congenital anomaly (brain, spine & abdomen) is seen at present in present fetal position.  
 Amniotic fluid is adequate (AFI)=14.0cm)

Parameter	Measurement	Gest Age
BPD	8.27cm	33weeks 2days
Head Circumference	30.17cm	33weeks 3days
Abd Circumference	31.99cm	35weeks 6days
Femur length	6.77cm	34weeks 6days

Foetal wt is 2586 ± 387gms.  
 Computed mean gestational age is 34weeks 3days.  
 EDD by USG is 24/07/2024  
 Placenta is anteriorly located and is in upper segment. Placental maturity is grade 'II'  
 No loop of cord seen in fetal neck region.

**IMPRESSION :** Single live intrauterine pregnancy of 34Weeks 3days ± 1 week.

*I, Dr. Ritesh Garg, declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.*

Dr. Ritesh Garg  
 MBBS MD (Radiodiagnosis)  
 Consultant Radiologist

संवेदनी महिला की घोषणा

मैं संवेदनी Anta w.o Ajay Kumar घोषणा करती हूँ की मैंने अल्ट्रासोनोग्राफी/रजमा चित्रण आदि करवाकर अपने भ्रूण के लिंग की जांच नहीं करवाई है। भ्रूण लिंग के विषय में हमारी डॉक्टर से कोई बातचीत नहीं हुई है।

संवेदनी महिला के द्वारा/से। अक्षय



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Patient Name : MRS ANNA KUMAR UHID No. : 143542 IPD No. : 03572  
 Age / Sex : 36y/F Bed No. : \_\_\_\_\_ D.O.A : 07/07/2024 D.O.S : 07/07/2024

## OPERATION THEATRE NOTES

Surgeon in-charge : Dr Kian Anesthetist : Dr Aditi  
 Assistant Surgeon : \_\_\_\_\_ OT Technician : Rakesh Dera  
 OT Staff : \_\_\_\_\_ Type of Anaesthesia : SA

Pre-Operative Diagnosis : \_\_\_\_\_

Post - Operative Diagnosis : \_\_\_\_\_

Procedure Name : em USG Bk tubotomy LSA

Operation Started at : \_\_\_\_\_ Operation Finished at : \_\_\_\_\_ Duration : \_\_\_\_\_

Sponge Count : \_\_\_\_\_ Whome : \_\_\_\_\_

### Operative Notes :

pt laid in supine LSA. Ports cleaned & draped. SAC put in. Ped Pfument uterus taken and opened in layers. vx fold spread. Keta uterus taken. Baby delivered as vx cut. Baby handed over to paediatrician. Placenta delivered complete - membrane. uterine returned - rechecked w/ cont. Bk tubotomy done. modified Pomeroy's method. Cont complete. Hemostasis complete. And closed in layers.

Organ Explored : \_\_\_\_\_

Specimen Sent for histopathology (if any) : \_\_\_\_\_

Immediate post-operative condition : \_\_\_\_\_

Surgeon's Signature : [Signature]

Date & Time : \_\_\_\_\_ (am / pm)