

Unique Identifier

**Test Name/Test Code**

(Please refer to the Laboratory Handbook for codes and abbreviations.)

**Patient Details**

First Name: Babli Devi Last Name: 96558

Age: 43/12 Gender: Male  Female

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

E-mail ID: \_\_\_\_\_

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

For Maternal Screening Date of Birth:

Weight: \_\_\_\_\_ AS Height: \_\_\_\_\_ Inches LMP: \_\_\_\_\_

**Instructions to Laboratory/Clinical Information**

**Billing Information**

Client Name: Ashrajit Ravari

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

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

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

Amount Balance Due: \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePayment

**Information**

1  Uril  Refrigerated  Frozen

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

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

- Serum
- Plasma (Sera/Clot)
- EDTA
- W. Blood EDTA
- W. Blood Citrate
- W. Blood heparin
- W. Blood Sodium Citrate
- Urine
- Other Sample Type: Suave
- New Serum
- Heparin
- Tissue Potassium
- Heathy glass
- Swab
- Slide (H & E)
- Pin
- Blood Culture Bottle
- CSF
- Tissue
- Saliv
- Sputum
- Urine
- Stool
- Other

**Received Specimen Information (For MOIQ use only)**

Temperature:  Ambient  Refrigerated  Frozen

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

Patient ID: \_\_\_\_\_ No. of substances: \_\_\_\_\_

1 \_\_\_\_\_ 2 \_\_\_\_\_

Signature of Accounting Officer(s)

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

**Specimen Collection Information**

Date: 9/7/24 Time: 8:30

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

Collection by: Surender Kumar

Urgency: \_\_\_\_\_ Hrs

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# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
Rajesh Pilot Chowk, Garhi Boini Road, Rewari-123401 (Haryana), India  
Phone No +91-1274-253300, 260021  
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

## HISTO PATHOLOGY REQUISITION SLIP

*Dr. Neeraj*

Date 8/7/2024

Name Babli Devi C/o Raj Kumar

Age 43y Sex F Address \_\_\_\_\_

96558 Admission No. \_\_\_\_\_  
3544



Specimen \_\_\_\_\_ Site \_\_\_\_\_

Brief Relevant Clinical History

Brief Operative Note

*Cervical cancer*

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. *B. Neeraj*



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

Patient Name : Babli Devi UHID No. : 096558 IPD No. : 3544  
Age / Sex : 43/F Bed No. : 8/2/24 D.O.A. : 8/2/24 D.O.S. : 8/2/24

## OPERATION THEATRE NOTES

Surgeon In-charge : ..... Anesthetist : .....  
Assistant Surgeon : ..... OT Technician : .....  
OT Staff : ..... Type of Anaesthesia : .....  
Pre-Operative Diagnosis : ACUTE CHOLELYSTITIS  
Post - Operative Diagnosis : .....  
Procedure Name : LAP CHOLECYSTECTOMY  
Operation Started at : ..... Operation Finished at : ..... Duration : .....  
Sponge Count : ..... Whome : .....

### Operative Notes :

- OT findings -
1. Omental adhesions over GB
  2. GB distended,
  3. GB lumen filled with sludg
  4. cystic duct and artery clipped

Organ Exploded : GB  
Specimen Sent for histopathology (if any) : 1  
Immediate post-operative condition : .....

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