



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)
 Rajesh Pilot Chowk, Gami Bolni Road, Rewari-123401 (Haryana), India
 Phone No +91-1274-263300, 260021
 E-mail: pushpanjalihospitalrewari@gmail.com CIN: UB5110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

Dr. Neelaj
 Name Mukesh Kumar So Gopi chand Date 8/6/2024
 Age 47y Sex M Address _____
1445 79 / 3549 Admission No 6303999743
 Specimen _____ Site _____



Brief Relevant Clinical History Polypoid Growth

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Pap smear

Clinical Finding and History _____ LMP / Any other

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample
 Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. _____

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for complete details regarding test(s))

Patient Details

First Name: Mukesh Kumar Name: 1414579

Age: 47/M Gender: Male Female

Address: _____ Contact No: _____

E-mail ID: _____

Referred by: _____ Contact No: _____

For Maternal Screening-Date of Birth: / /

Weight: _____ kg Height: _____ cm Hb: _____ mmHg LMP: _____

1 HPE Small



Billing Information

Client Name: Pushpanjali Rawat

Client ID: _____

Total Amount: _____

Amount Received: _____ Receipt No: _____

Amount Balance Due: _____

Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Information

Specimen Type Received (For MolQ use only)

- Serum
- Plasma EDTA/CC1
- SST
- W. Blood EDTA
- W. Blood Fluoride
- W. Blood Heparin
- W. Blood Sodium Citrate
- Semen
- Other Surface Tumor Source
- Bone Marrow
- Tly Aspirate
- Tissue Formin
- Paraffin Block
- Smear
- Slide (w & f)
- Pw
- Breast Culture Bottle
- CMF
- Fluid
- Mx
- Sputum
- Urine
- Stool
- Swab
- Other

Information

12856956 Ambient Refrigerated Frozen

Sample / Vial Type Vials ID Barcode

Container

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Date: _____ Time: _____

Patient ID: _____ No. of vials/container: _____

1 2

Signature of Accessing Officer(s)

Total No. of Vials/Container

Specimen Collection Information

Date: 9/7/24 Time: 2:3

Fasting: Yes No Fasting Period: _____ Hrs.

Collection by: Surender Kumar

Urine Volume: _____ ml Hrs: _____

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