



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

Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Jaya Referring Doctor Dr. Manoj Yadav Date 12/07/24
 Name _____ Date of Birth 16 Sex: Male / Female _____
 IPD No _____ Collection Centre _____ Uhid No. 153711 **IPD**
 Telephone _____ RCC _____
 (if different)

Site of Specimen:

Ic valve biopsy

Relevant Clinical History:

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Colonoscopy: Deep ulcers
seen over Ic valve

Type of Specimen:

Large Medium Small

Miscellaneous

1) Ic valve biopsy for T.B. PCR



Special Stains

2) Ic valve biopsy (H.P.R.)



X-ray

Histopath Slides / Block for review:

Fixation

to R/O Tuberculosis / IBD

Adequate

Inadequate

Doctor's Signature's

Dr. Manoj Yadav
MBBS MD (Medicine)
Diploma in Gastroenterology
Reg No. HN 11007
Pushpanjali Hospital



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

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

Pat Details

Name: Jaya - 1 Last Name: 193711
161P Gender: Male Female

1. TB Tissue
2. - (1)
3. PCR



Address: _____ Contact No. _____

ID: _____

Ordered by: _____ Contact No. _____

Internal Screening-Date of Birth:

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

Payment Information

Name: Pushpanjali Rawan

Instructions to Laboratory/Clinical Informant

Address: _____

Amount: _____ Received: _____ Receipt No.: _____

Balance/ Due: _____

Payment via: Cash Cheque Credit ePlatform

Sample Stored Information Refrigerated

Sample / Vial Type

Viials ID

Container

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

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

ID: _____ No. of vials/container: _____

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 12/7/24 Time: 9:00

Fasting: Yes No Fasting Period: _____

Collection by: Surender Kumar

Urine Volume: _____ ml Hrs. _____

1	2
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Signature of Accessioning Officer(s)

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any conditions, diseases, or test results for 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 available to any third party for immediate research and in future research of any kind and at any time in the future. I agree to the nature of any medical research purpose.

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

For service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram. Escalation of any sort is not more than MBP of the test requested.

डॉक्टरों को सूचित करने के लिए कि वे अपने सभी रोगियों को सूचित करें कि वे अपने रक्त और यूरिन के नमूने को अपने प्रयोग के लिए उपयोग करने के लिए दे रहे हैं। यह सूचना केवल सूचना के लिए है और यह किसी भी प्रकार के चिकित्सा या शोध के लिए उपयोग के लिए नहीं है।

यदि नमूने का उपयोग शोध के लिए किया जाता है तो नमूने का उपयोग केवल सूचना के लिए है और यह किसी भी प्रकार के चिकित्सा या शोध के लिए उपयोग के लिए नहीं है।

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