

Unique Identifier

Test Name/Test Code

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

Patient Details

First Name: Vikram Kumar Last Name: 153718

Age: 41M Gender: Male Female

Address: _____ Contact No: _____

Mobile ID: _____


Referred by: _____ Contact No: _____

Maternal Screening-Date of Birth:

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

1. HPE Small

2. HPE Small

3.  11856900

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Billing Information

Patient Name: Pushpanjali Rawari

Patient ID: _____

Bill 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)

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> Plasma: EDTA/FLUICIT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SST | <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> W. Blood EDTA | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W. Blood Fluoride | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> W. Blood Heparin | <input type="checkbox"/> Slide (H&E) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> W. Blood Sodium Citrate | <input type="checkbox"/> Pua | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Other Sample Type/ Source: _____

Specimen Information

Temperature: Ambient Refrigerated Frozen

Sample / Vial Type: Conter Vials ID Bar: _____

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

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

1	2
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Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 19/7/24 Time: 11:06

Fasting: Yes No Fasting Period: _____

Collection by: Surender Kumar

Urine Volume: _____ ml Hrs: _____

Consent: I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to any conditions, disease, injuries or problems, 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 publicly available for the use of the laboratory 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 and research purposes.

The 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 service related complaints/inquiry please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The cost of any test is not more than MRP of the test requested.

हमारे प्रयोगों के लिए हमें आवश्यक है कि हमें आपकी जानकारी के बिना किसी भी तरह के परीक्षण के लिए आपका नाम नहीं देना चाहिए। हमें आपकी जानकारी के बिना किसी भी तरह के परीक्षण के लिए आपका नाम नहीं देना चाहिए। हमें आपकी जानकारी के बिना किसी भी तरह के परीक्षण के लिए आपका नाम नहीं देना चाहिए।

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PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL19B7PTC207727

crj

HISTO PATHOLOGY REQUISITION SLIP



11856900

Date 13/07/24

Mr. Vikram Kumar Sr. Dyanand Kadar

417 Sex Male Address Usnapur Rewari

UH10 - 153718 Admission No. 9468178167

7PD - 3729

Age..... Site.....

Relevant Clinical History

Specimen for Hemorrhoids.

Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Papsmear

Medical History..... LMP / Any other

Post Menopausal / Suspicious Lesion / Other

Sample

Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....





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



Patient Name : Mr. Vikram Kumar UHID No. : 152718 IPD No. : 3929

Age / Sex : 41 / M Bed No. : Rec D.O.A. : 13/09/24 D.O.S. : 13/09/24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :

Assistant Surgeon : OT Technician :

OT Staff : Type of Anaesthesia :

Pre-Operative Diagnosis : Haemorrhoids

Post - Operative Diagnosis :

Procedure Name : Stappler Haemorrhoidectomy

Operation Started at : Operation Finished at : Duration :

Sponge Count : Whome :

Operative Notes :

TI MEDICAL PVT.LTD.
 PROBEK HEMORRHOIDAL STAPLER
 CODE NO. : LPH032
 PATIENT NAME :
 REG. NO. :
 LOT NO. : (10) 2401570A
 MFG. DT. : (11) 08/24
 EXP. DT. : (17) 08/27
 QTIN : (01) 08904248231306



OT findings - 1. Haemorrhoids @ 3, 7 and 11 o'clock position

2. Haemorrhoidectomy done using Procise IPH stappler

Organ Explored :

Specimen Sent for histopathology (if any) :

Immediate post-operative condition :

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