



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 REQUISITIONFORM

Patient Name Satish Kumar

Referring Doctor Dr. Manoj Yadav

Date 17/07/24

Name _____

Date of Birth 64

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 143097

Telephone _____



RCC _____
(if different)

of 10

Site of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:

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

Type of Specimen:

Large Medium Small

Miscellaneous

IHC markers

Special Stains

Microphotography

Antreal biopsy to Rto A. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature's

Dr. Manoj Yadav




TEST REQUISITION FORM

Test Name/Test Code

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

Patient Details

Patient Name: Satish Kumar Last Name: 143097
 Age: 64/M Gender: Male Female
 Address: _____
 Contact No: _____
 Email ID: _____
 Referred By: _____ Contact No: _____
 For Maternal Screening - Date of Birth:
 Weight: _____ kg Height: _____ ft _____ inches LMP: _____ (See attached form)

1. HPE Small
 2.  11856862
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____

Billing Information

Patient Name: Pushpanjali Rawar
 Patient 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)

<input type="checkbox"/> Serum	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> CSF
<input type="checkbox"/> Plasma: EDTA/FLCIT	<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 Fluid	<input type="checkbox"/> Smear	<input type="checkbox"/> Urine
<input type="checkbox"/> W Blood Hepain	<input type="checkbox"/> Slide (H&E)	<input type="checkbox"/> Stool
<input type="checkbox"/> W Blood Sodium Citrate	<input type="checkbox"/> Pus	<input type="checkbox"/> Swab
<input type="checkbox"/> Semen	<input type="checkbox"/> Blood Culture Bottle	<input type="checkbox"/> Others

Information
 Refrigerated

Sample / Vial Type	Vial ID Barcode
<u>Container</u>	

Specimen Source

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen
 Time: _____
 Patient ID: _____ No. of Vials/Container: _____

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 17/7/24 Time: 2:30
 Fasting: Yes No Fasting Period: _____
 Collection by: Surender Kumar
 Urine Volume: _____ ml Hrs _____

Signature of Accessioning Officer(s)
 1. _____
 2. _____

I hereby authorize MolQ Laboratory to use and share with affiliates my personal information including but not limited to my confidential information etc. as they are necessary to perform their services to the extent applicable to laws and regulations. I agree that all records and specimens for diagnostic and research purposes. Further, I authorize the use of the following specimens for immediate research or at any time in the future. I agree to the terms of my medical records and specimens for diagnostic and research purposes. The sample used for research will be stored to maintain confidentiality and will be discarded as per the rules and regulation specified or applicable by law. In the event of any violation by MolQ Lab, I reserve the right to sue MolQ Lab for damages. For any test/service related complaints please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Haryana Office, Gurgaon, Haryana. The financial liability will be on MolQ at the last receipted.

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