



TEST REQUISITION FORM

Unique Identifier

Patient Details

First Name: Raj Raj Singh Last Name: 153802

Age: 65/M Gender: Male Female

Address: _____

Contact No. _____

E-mail ID: _____

Referred By: _____ Contact No. _____

For Maternal Screening -Date of Birth:- DD MM YYYY

Weight: _____ kg. Height: _____ ft _____ Inches, LMP _____ Last Ultrasound Report

Billing Information

Client Name: Rushpanjali Rawar

Client ID: _____

Total Amount _____

Amount Received: _____ Receipt No.: _____

Amount Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Specimen Type Received (For MolQ use only)

- Serum
- Plasma: EDTA/FL/CIT
- SST
- W.Blood EDTA
- W.Blood Fluoride
- W.Blood Heparin
- W.Blood Sodium Citrate
- Semen
- Bone Marrow
- FN Aspirate
- Tissue Formalin
- Paraffin Block
- Smear
- Slide (H&E)
- Pus
- Blood Culture Bottle
- CSF
- Fluid
- BAL
- Sputum
- Urine
- Stool
- Swab
- Others

Other Sample Type/Source _____

Received Specimen Information (For MolQ use only)

Temperature Ambient Refrigerated Frozen

Date: _____ Time: _____

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

Signature of Accessioning Officer(s)

Test Name/Test Code

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

1. _____

2. _____

3. HPE Small

4. _____

5.

6. _____

7. _____

8. _____

9. _____

Instructions to Laboratory/Clinical Information

Information

Ambient Refrigerated Frozen

Sample / Vial type Vial ID Barcode

control

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 18/7/24 Time: 11:00

Fasting: Yes No Fasting Period: _____ Hrs.

Collection by: _____

Urine Volume: _____ ml Hrs. _____

Patient Consent : I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/disease information etc. as may be necessary to perform 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. Further, I authorize the use of the leftover 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 specimen for diagnostic and research purpose.

Disclaimer: The sample used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulation specified as applicable by law. In the event of any publication by MolQ Laboratory, Patient's identify will remain confidential. For any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The financial liability or compensation of any sort is not more than MRP of the test requested.

रोगी सहमति : मैं मोलकु प्रयोगशाला को अधिकृत करता हूँ कि मेरी पूर्ण व्यक्तिगत जानकारी अपनी किसी भी शाखा के साथ साझा कर सकती है मेरी बीमारी को समझना या उपचार का सुझाव देना परीक्षण के संकलन के बिना आवश्यक है तो मैं इसकी अनुमति देता हूँ पर्याप्त जानकारी उस सीमा तक साझा की जाए, जो कि कानूनी सीमा के अंतर्गत हो। मेरी इस प्रकार की जानकारी को पूर्ण रूप से गुप्त रखा जाए और सर्वसम्पन्नी सिद्ध नहीं किया जाए। इसके परवान में प्रयोगशाला को दोहरा अधिकृत करता हूँ कि जो पर्याप्त जीव के बिना उपचार करवाया जा, उसमें मैं बचे हुए नमूने को प्रयोगशाला कर्मियों की किसी भी समय और किसी भी प्रकार के प्रयोग के बिना उपयोग में ला सकती है। मैं सहमत हूँ कि मेरी मेडिकल रिकॉर्ड और बचे हुए नमूने को वैश्विक प्रयोग और किसी भी प्रकार के अनुसंधान के बिना उपयोग में लाया जा सकता है।

अस्वीकृति : शेष नमूने को पूर्ण रूप से अधिकृत किया जाए और गुप्त रूप से रखा जाएगा, जब इसकी सफाई किया जाएगा तो पूर्ण रूप से निराम और विनिर्मुक्त का उपयोग किया जाएगा। किसी भी प्रकार के मोलकु प्रयोगशाला के प्रकाशन में मेरी किसी भी जानकारी को पूर्ण रूप से गुप्त रखा जाएगा। किसी भी जीव सम्पन्नी सिद्ध नहीं किया जाए जानकारी देना और मोलकु प्रयोगशाला को सम्पूर्ण कर सकते हैं, किसी भी प्रकार की कानूनी दायरे में हमारा मुश्किल मुद्दाएं, हॉररवाला है, किसी भी जीव का नमूने उसके लिए एक अधिकतम एम आरपी (पुनःकर मूल्य) से अधिक नहीं होगा।

Date _____ Patient/Client/Doctor's Signature _____

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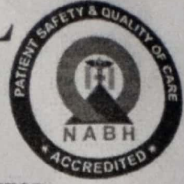
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HISTO PATHOLOGY REQUISITION SLIP

Consultant : Dr. KAMAL SINGH

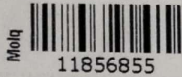
Date 17/7/24

Name M. GATRAJ SINGH Slo

Age 65 yrs Sex Male Address Vill - Rewari Nai Basti

UHID - 153802, IPD - 24-03807, Admission No: 9996660587

at - CASH



Specimen Site

Brief Relevant Clinical History

Brief Operative Note

TURP chips

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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. Yogesh



PT'S NAME : GAJRAJ SINGH
AGE & SEX : 65M
REF BY DR: SURENDER ARORA

ULTRASOUND REPORT

25 June 2024

Liver : enlarge in size measure 15.8cm with diffuse fatty infiltration. I/H biliary canaliculi & vascular system normal, no space occupying lesion seen in liver, portal vein normal in caliber .

GB : - partially contracted , wall not thickened, no pericholecystic fluid seen

CBD :- not dilated.

Pancreas : - normal in size, anatomy & echotexture.

Spleen :- normal.

Rt. kidney – measure 101x36mm, normal in size and echotexture, pelvicalyceal system normal, no evidence of hydronephrosis or calculus seen.

Lt. kidney – measure 106x39mm, normal in size and echotexture , pelvicalyceal system normal, no evidence of hydronephrosis or calculus seen.

UB :- catheterized

Prostate – enlarge in size measure 59x54x41mm with 71cc volume , heterogeneous echotexture

Seminal vesicle normal in size and echotexture

Gut loops –normal in course & caliber showing peristalsis

No fluid in abdomen & pelvis at present .

Special note – anterior abdominal wall defect seen at site of incision left paraumbilical region transverse length of gapping 11 mm , peritoneal fat herniating through defect – **incisional hernia**

Imp:-
Hepatomegaly with diffuse fatty infiltration [grade I]
Grade III prostatomegaly

Adv. KFT , urine exam , PSA & please correlate clinically

Dr. Raman Bhutani
M.D [Radio -Diagnosis]

Dr. Deepak Bangiya
MD [Radio-Diagnosis]
HMC NO.6820



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Patient Name : Mr. GAJRAJ SINGH UHID No. : 153802 IPD No. : 24-03867
Age / Sex : 65 y / M Bed No. : D.O.A. : 17/7/24 D.O.S. : 17/7/24

OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kamal Anesthetist : Dr. Mohit
Assistant Surgeon : Dr. Yogesh OT Technician :
OT Staff : Type of Anaesthesia : SA
Pre-Operative Diagnosis : BPE
Post - Operative Diagnosis :
Procedure Name : CPE & TURP
Operation Started at : Operation Finished at : Duration :
Sponge Count : Whome :

Operative Notes : findings :- Grade III obstructive Prostatomegaly.

Procedure :- After PAD of parts, LASP, Cystoscopy done, above mentioned findings are noted. Resection of prostate done in Bipolar Resectoscope. Chips retrieved using Ellik's evacuator. Complete Hemostasis ensured. 20fr. 3-Way Foley's Catheterization done & NS Irrigation started.

Organ Exploded :
Specimen Sent for histopathology (if any) : TURP chips
Immediate post-operative condition : Good

Surgeon's Signature :
Date & Time : 17/7/24 (am / pm)