



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

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

1	
2	HPE Small
3	
4	
5	
6	
7	
8	
9	

Patient Details

First Name: Rambai Last Name: 154016
 Age: 62/F Gender: Male Female
 Address: _____ Contact No: _____
 E-mail ID: _____
 Referred By: _____ Contact No: _____
 For Maternal Screening -Date of Birth:
 Weight: _____ kg Height: _____ m Inches: _____ LMP: _____ (last period flow)

Instructions to Laboratory/Clinical Information

Billing Information

Client Name: Pushparajali Rawari
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No: _____
 Amount Balance /Due: _____
 Payment via: Cash Cheque Credit ePlatform

Information

Ambient Refrigerated

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

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/LCIT	<input type="checkbox"/> FN Aspirate	<input type="checkbox"/> Fluid
<input type="checkbox"/> SST	<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> EAL
<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"/> PwC	<input type="checkbox"/> Swab
<input type="checkbox"/> Semen	<input type="checkbox"/> Blood Culture Bottle	<input type="checkbox"/> Others

Other Sample Type/Source: _____

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 18/7/24 Time: 9:00
 Fasting: Yes No Fasting Period: _____
 Collection by: _____
 Urine Volume: _____ ml Hrs: _____

Received Specimen Information (For MolQ use only)

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

1	2
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Signature of Accessioning Officer(s)

I, the undersigned (I hereby authorize MolQ) according to use and share with affiliates, my personal information (including but not limited to my contact information etc.) as may be necessary to perform the test and/or to the extent applicable by laws and regulations, and to keep confidential, and will not be used for other purposes. Further, I authorize the use of the above specimens for research purposes and if at any time in the future, I agree to the extent of my medical records and specimens for diagnostic and research purposes.
 Note: The sample used for research will be tested in maximum confidentiality and will be handled as per the rules and regulations specified as applicable by law. In the event of any submission by MolQ laboratory is confidential. For any submission related to confidentiality please contact MolQ Laboratory. For resolution in case of any dispute the jurisdiction will be treated Office, Bangalore, Karnataka. The financial liability will be that of the test requisitioner.

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PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

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

Dr. Neeraj

HISTO PATHOLOGY REQUISITION SLIP

Date... 18/7/24

Name Ram Bai S/o.....

Age 62y Sex F Address Rewari

1540/6 Admission No. 9729407235

3877

Specimen..... Site.....



Brief Relevant Clinical History

Gall Bladder

Brief Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP / Any o

Pre / Post Menoposal / Suspicious Lesion / Other

Sample

/ Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....





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Ref No.	PDC/USG/OPC/UHIDI/2543	Date	15-07-2024
Patient's Name	Mrs. Rambai Devi	Age & Sex	62Y/F
Referred By	Dr. Manoj Yadav	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein is normal. The CBD is not dilated. CBD stent is seen in situ.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is empty.

No e/o ascites seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION : No significant abnormality detected.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Patient Name: Mr. Ran Bai UHID No. 194016 IPD No. 03877
 Sex: M Bed No. 0247 D.O.A. 17-7-24 D.O.S. 18-7-24

OPERATION THEATRE NOTES

Surgeon In-charge: _____ Anesthetist: _____

Assistant Surgeon: _____ OT Technician: _____

OT Staff: _____ Type of Anaesthesia: _____

Pre-Operative Diagnosis: ACUTE CHOLELYSTITIS P. ERCP STENTING STATUS

Post - Operative Diagnosis: _____

Procedure Name: LAL CHOLELYSTECTOMY

Operation Started at: _____ Operation Finished at: _____ Duration: _____

Sponge Count: _____ Whome: _____

Operative Notes :

- OT Findings -
1. Dense omental adhesions noted over GB and liver
 2. GB distended, wall thickened
 3. Sludge noted in GB lumen
 4. Cystic duct and artery clipped

Organ Explored: _____

Specimen Sent for histopathology (if any): GB

Immediate post-operative condition: _____

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