

# PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)

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CIN : U85110DL1987PTC207727

## HISTO PATHOLOGY REQUISITION SLIP



Sayit



Date.....

Sex..... S/o.....

Address.....

Admission No.....

Site in (rt) upper

relevant Clinical History c/o chest pain lobe bronch

chest tightness

operative Note cough neoplastic

chest growth obstructing (rt)

upper lobe base

relevant Special Investigation Bronchoscopy : Growth complete

## CYTOLOGY REQUISITION SLIP

obstructing the (rt) upper lobe bronch

Biopsy for histopathology

LMP / Any other

Menopausal / Suspicious Lesion / Other

PA

Le fornix, Lat Vag wall / endo Cervix

Ref. Dr.....

MBBS, MD  
DM Gastroenterology  
Reg No. HN/7067  
Pushpanjali Hospital, Rewari



# TEST REQUISITION FORM

Unique Identifier

Unique Identifier: \_\_\_\_\_


## Test Name/Test Code

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

1. \_\_\_\_\_

2. HPE Small

3. \_\_\_\_\_

4.  11856849

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

## Patient Details

First Name: Sargit Last Name: 146503

Age: 56M Gender: Male  Female

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Mail ID: \_\_\_\_\_

Referred By: \_\_\_\_\_ Contact No: \_\_\_\_\_

Maternal Screening -Date of Birth:-

Weight: \_\_\_\_\_ kg, Height: \_\_\_\_\_ ft \_\_\_\_\_ Inches, LMP: \_\_\_\_\_ Last Menstrual Period

## Instructions to Laboratory/Clinical Info

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Billing Information

Patient Name: Pushpanjali Rewari

Patient ID: \_\_\_\_\_

Insurance Amount: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Amount Balance /Due: \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePlatform

## Specimen Information

 11856849  Ambient  Refrigerated

Sample / Vial Type	Vial ID
<u>Center</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/FL/CIT	<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"/> Pus	<input type="checkbox"/> Swab
<input type="checkbox"/> Semen	<input type="checkbox"/> Blood Culture Bottle	<input type="checkbox"/> Others

Other Sample Type/Source \_\_\_\_\_

## 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: 18/7/24 Time: \_\_\_\_\_

Fasting: Yes  No  Fasting P \_\_\_\_\_

Collection by: \_\_\_\_\_

Urine Volume: \_\_\_\_\_ ml Hrs.

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature of Accessioning Officer(s)

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/health information etc., as may be necessary for submission to the extent appropriate by laws and regulations, will be kept confidential, and will not be made publicly available. Further, I authorize the use of the above information for promotional any time in the future. I agree to the access of my medical records and specimens for diagnostic 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, in the event of any information is requested. For any feedback or related compliances please contact MolQ Laboratory, for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The Branch at Moh' of the test requested.

It is hereby declared that all attempts were made to identify and contact the patient or the next of kin of the patient to inform them of the test results and to obtain their consent for the use of the test results for research purposes. In the event of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The Branch at Moh' of the test requested.

Date: \_\_\_\_\_