PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari - 123 401 (Haryana), India
Phone: +91-1274-260021, 260521, 260500
Email: pushpanjalihospitalrewari@gmail.com
CIN : U85110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

11856849

Sayit Date........ S/o ....

Sex .... Address........

Admission No........

...en Biopsy from growth Site in (rt) upper lobe bronch...

...vant Clinical History c/o Chest pain
Chest tightness
cough

...rative Note

CECT chest : Neoplastic Growth obstructing (rt) upper lobe bronc...

...ant Special Investigation Bronchoscopy : Growth completel... obstructing the (rt) upper lobe bronc...

CYTOLOGY REQUISITION SLIP

...apsmear

...ding and History Biopsy for histopathology .... LMP / Any othe...

...st Menoposal / Suspicious Lesion / Other

...le

... fornix, Lat Vag wall / endo Cervix

Ref. Dr........

MBBS, ...
DM Gastroenterology
Reg. No. HN/17067
Pushpanjali Hospital, Rewari

TEST REQUISITION FORM

MOLQ LABORATORY

Unique Identifier

Patient Details

rst Name: Sarjit Last Name: 146503

ge: 56/M Gender : Male ☐ Female ☐

ddress:

Contact No.

nail ID:

erred By: Contact No

Maternal Screening -Date of Birth:-

ght: kg. Height: ft Inches. LMP

lling Information

nt Name: Pushpanjali Rewari

nt ID:

l Amount

ount Received: Receipt No.

ount Balance /Due:

ment via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

ecimen Type Received (For MolQ use only)

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

ther Sample Type/Source

ceived Specimen Information (For MolQ use only)

perature ☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

nt ID: No. of Vials/container:

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

(Please refer to the Directory of Services for correct nam

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

MolQ 11856849

Instructions to Laboratory/Clinical Info

formation

MolQ 11856849

T: ☐ bient ☐ Refriger

Sample / Vial Type	Vial ID
Conten	

Total No. of Vials/Container:

Specimen Collection Information

Date: 18/7/24 Time:

Fasting: Yes ☐ No ☐ Fasting P

Collection by:

Urine Volume: ml Hrs.

Date: