



# 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

## HISTO PATHOLOGY REQUISITION SLIP

or neuro

Date 18/7/24

Name Susender S/o.....

Age 39y Sex m Address.....

153976

Admission No. 8800555024

3856



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

Brief Relevant Clinical History

Gall Bladder

Brief Operative Note

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP / An

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Anterior / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....





# TEST REQUISITION FORM

Unique Identifier

## Test Name/Test Code

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

1. HPE Small



## Patient Details

Name: Suresh Last Name: 159976  
3alm Gender: Male  Female

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Mobile ID: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Maternal Screening - Date of Birth:

Weight: \_\_\_\_\_ kg, Height: \_\_\_\_\_ ft \_\_\_\_\_ Inches, LMP: \_\_\_\_\_  Last Ultrasound Report

## Instructions to Laboratory/Clinical Information

## Referring Information

Name: Ruhpanjali Rawari

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

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

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

Balance Due: \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePlatform

## Specimen Information

1. Ambient  Refrigerated

Sample / Vial Type: Condoter Vial ID Barcode: \_\_\_\_\_

## Specimen Type Received (For MoIQ use only)

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum                  | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma EDTA/FLU/GIT    | <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 |

Enter Sample Type/Source: \_\_\_\_\_

Total No. of Vials/Container: \_\_\_\_\_

## Specimen Collection Information (For MoIQ use only)

Temperature:  Ambient  Refrigerated  Frozen

Time: \_\_\_\_\_

ID: \_\_\_\_\_ 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. \_\_\_\_\_

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

Signature of Accessioning Officer(s)

I hereby authorize MoIQ 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 tests to the extent applicable by laws and regulations, and will not be made publicly available. Further, I authorize the use of the leftover specimens for any available research in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes. All samples 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 MoIQ Lab, I agree to the use of my name and image for the same. For any test/service related complaint/queries please contact MoIQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The financial liability of the test requisitioned.

MOLOQ LABORATORY  
Date: \_\_\_\_\_



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Ref No.	PDC/USG/OPC/UHIDI53976	Date	15-07-2024
Patient's Name	Mr. Surender	Age & Sex	40Y/M
Referred By	Dr. Kamal	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.

**Gall bladder** is partially distended. A floating calculus of size 13.5mm is noted in lumen of gall bladder.

**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 well distended. The lumen is echofree with no e/o any calculus or mass lesion.

**Prostate** is normal in size (28cc) and echo-texture with no e/o any focal lesion.

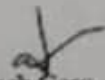
No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

**IMPRESSION** : Cholelithiasis. PVR:-10cc.

Adv: clinical correlation.

  
Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist





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E-mail: pushpanjalihospitalrewari@gmail.com, CIN: U95110DL1687PTC201127

Patient Name: Mr Sawinder UHID No. 153976 IPD No. 02856  
 Sex: Male Bed No. 00A 17-7-24 00B 18-7-24

## OPERATION THEATRE NOTES

Surgeon In-charge: \_\_\_\_\_ Anesthetist: \_\_\_\_\_  
 Assistant Surgeon: \_\_\_\_\_ OT Technician: \_\_\_\_\_  
 OT Staff: \_\_\_\_\_ Type of Anesthesia: \_\_\_\_\_  
 Pre-Operative Diagnosis: ACUTE CHOLECYSTITIS  
 Post-Operative Diagnosis: \_\_\_\_\_  
 Procedure Name: LAP CHOLECYSTECTOMY  
 Operation Started at: \_\_\_\_\_ Operation Finished at: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Sponge Count: \_\_\_\_\_ Whome: \_\_\_\_\_

### Operative Notes:

- OT Findings -
1. GB distended, wall thickened
  2. A large stone impacted at neck of GB
  3. Cystic duct and artery clipped

Organ Explored: GB  
 Specimen Sent for histopathology (if any): \_\_\_\_\_  
 Immediate post-operative condition: \_\_\_\_\_

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