



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

Dr. NEERAJ

Date 19/7/20

Mrs. MANTU DEVI w/o S/o VIKRAM SINGH

42 yrs Sex Female Address Vill. Raji

LLD-104591, IPD-24-03-2020 Admission No. 99916005
ECHS

Site Fibroadenoma



Relevant Clinical History

(L) Breast Fibroadenoma

Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Smear Papsmear

Finding and History.....LMP

/ Post Menopausal / Suspicious Lesion / Other

Sample

Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. _____

TEST REQUISITION FORM




Unique Identifier

Unique Identifier: _____

Test Name/Test Code

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

1 _____
 2 _____
 3 **HPE Small**
 4 _____
 5 
 6 _____
 7 _____
 8 _____
 9 _____

Patient Details

First Name: **Manju Devi** Last Name: **104591**
 Age: **42/F** Gender: Male Female
 Address: _____
 Contact No: _____
 E-mail ID: _____
 Referred By: _____ Contact No: _____
 For Maternal Screening - Date of Birth: [][] [][] [][] [][] [][]
 Weight: _____ kg. Height: _____ ft _____ inches. LMP: _____ Last Menstrual Period

Billing Information

Client Name: **Pushpanjali Rao**
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No.: _____
 Amount Balance / Due: _____
 Payment via: Cash Cheque Credit ePlatform


Instructions to Laboratory/Clinical Information

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 Formin	<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

Barcode:  Ambient Refrigerated

Sample / Vial Type	Vial ID Barcode
Container	

Total No. of Vials/Container: _____

Received Specimen Information (For MolQ use only)

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

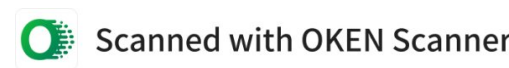
Specimen Collection Information

Date: **20/7/24** Time: **11:20**
 Fasting: Yes No Fasting Period: _____
 Collection by: _____
 Urine Volume: _____ ml Hrs. _____

1 _____
 2 _____
 Signature of Accessioning Officer(s)

I consent to transfer to MolQ Laboratory my personal information including but not limited to my identification information etc. as may be necessary to perform the test requested. I agree to the access of my medical records and specimens for diagnosis and research purposes. The sample used for research will be stored in maximum confidentiality and will be disposed as per the rules and regulations. In the event of any publication by MolQ or any other person, I will be notified. For any assistance related to this process please contact MolQ Laboratory. For resolution in case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. This document is valid for 30 days from the date of issue.

MolQ Laboratory is a leading provider of diagnostic services. We are committed to providing the highest quality of care and to ensuring that our patients receive the most accurate and reliable results. Our services are provided by a team of highly qualified and experienced professionals. We are committed to providing the highest quality of care and to ensuring that our patients receive the most accurate and reliable results. Our services are provided by a team of highly qualified and experienced professionals.



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Ref No.	PDC/USG/OPE/UHID104591	Date	28-05-2024
Patient's Name	Mrs. Manju Devi	Age & Sex	41 Y/F
Referred By	Dr. Kiran Yadav	Test Done	USG-

ULTRASOUND REPORT OF LEFT BREAST

Left breast is examined using a linear probe.

A well circumscribed lobulated hypoechoic lesion of size 32x17x23mm is seen in left breast at 1 O' Clock position. Few punctate calcifications are seen in it. Another similar lesion of size 27x11mm is also seen in left breast at 5 O' Clock position-? Fibroadenomas. Adv:- FNAC.

Nipple areolar complex appears normal.

No obvious lymphnode is noted in left axilla.

Please correlate clinically.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist

