



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

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

Patient Details

Name: Suehila Last Name: 164145
Gender: Male Female


Contact No: _____

Address ID: _____

Ordered By: _____ Contact No: _____

Maternal Screening - Date of Birth: [][] [][] [][] [][]

Weight: _____ kg Height: _____ ft _____ inches LMR _____ Last Observed Report

1 HPE Medium
2
3 
4
5
6
7
8
9

Billing Information

Patient Name: Ruchpanjali Rawari

Patient ID: _____

Insurance 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/FLU/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

Temperature: Ambient Refrigerated

Sample / Vial / Tube / Tube ID: _____ Vial ID Barcode: _____

Container

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

Patient ID: _____ No. of Vials/container: _____

1 _____ 2 _____

Signature of Accessioning Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 20/7/24 Time: 11:30

Fasting: Yes No Fasting Period: _____

Collection by: _____

Urine Volume: _____ ml Hrs. _____

I hereby authorize MOLO Laboratory to use and share with affiliates, my personal information including but not limited to my name, address, contact information etc. as may be necessary to perform the services requested. I agree to the access of my medical records and specimens for diagnostic and research purposes. In the event of any publication by MOLO Laboratory, I agree to the use of my name and specimen information for research purposes. For any assistance needed, please contact MOLO Laboratory. In case of any dispute, the jurisdiction will be Head Office, Gurugram, Haryana. The financial institution will be the bank of the test requested.

MOLO Laboratory, all associated logos and all associated MOLO Laboratory makes are the trademarks of Molecular Quest Healthcare Pvt. Ltd. Copyright © 2012. For more info, please reach us at contact@molq.in. Customer care 9999 778 778. Laboratory 0124-4307908.

MOLO Laboratory, all associated logos and all associated MOLO Laboratory makes are the trademarks of Molecular Quest Healthcare Pvt. Ltd. Copyright © 2012. For more info, please reach us at contact@molq.in. Customer care 9999 778 778. Laboratory 0124-4307908.



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

Kidney

Date 19-7

Name Mrs Sushila Listo Budhi Pankaj

Age 45 y Sex F Address 94 Sant Sanyas

Admission No

946667788

UHID 154745
03889



Specimen Site

Brief Relevant Clinical History

Brief Operative Note

ulcers

CX

B/c tubes
ovaries
Pituitary

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.





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



Name : Mrs Sushala UHID No. : 154145 IPD No. : 03889
 Sex : M/F Bed No. D.O.A. : 18-7-24 D.O.S. : 18-7-24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :
 Assistant Surgeon : OT Technician :
 Staff : Type of Anaesthesia :
 Pre-Operative Diagnosis :
 Post-Operative Diagnosis :
 Procedure Name : TUNE BSO
 Operation Started at : Operation Finished at : Duration :
 Sponge Count : Whome :

Operative Notes :

Recovery Room Notes
 Patient was in stable condition after surgery. All vital signs were within normal limits. Patient was transferred to ward in good condition.

Organ Explained :
 Specimen Sent for histopathology (if any) :
 Immediate post-operative condition :

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

Date 18/01/2024
Name Mrs. SUSHILA W/O BUDDHI PARKASH Age 46 Yrs. Sex F
Ref. By SELF

USG WHOLE ABDOMEN WITH TVS

ABDOMEN :

LIVER is normal in size and echo-texture. No obvious focal lesion seen. Portal vein is normal.

GALL BLADDER is well distended. No e/o any obvious calculus or mass lesion seen. Wall thickness is normal.
No e/o IHBRD noted.
CBD is not dilated.

PANCREAS is normal in size & echotexture with no e/o focal lesion. MPD is not dilated. Peripancreatic fat planes are normal.
SPLEEN is normal in size and echotexture. No focal lesion seen.

RIGHT KIDNEY is relatively small in size (88x35mm), & normal in echotexture. Cortico-medullary differentiation is well maintained. Renal outline is irregular --- s/o cortical scarring. A small calculus measuring 4.2mm is seen in midpole calyx. No e/o hydronephrosis is seen.

LEFT KIDNEY is normal in size (113x55mm), shape & echotexture. Cortico-medullary differentiation is well maintained. A calculus measuring 3.1mm is seen in midpole calyx. No e/o hydronephrosis is seen.

No e/o ascites seen.
No e/o obvious abdominal lymphadenopathy is seen.
No USG e/o appendicitis is seen.

URINARY BLADDER is partially distended. No e/o any calculus or mass lesion is seen. Wall thickness is normal.

PELVIS (TVS):

UTERUS is retroflexed and bulky in size (125x96x70mm).
A large fibroid of size 86x67mm is seen in anterior wall.
Few small fibroids of size 5 to 30 mm are seen in anterior and posterior walls.
Endometrial echo is distorted. ET measures 11.4mm.
Few nabothian cysts are seen in cervix.

RIGHT OVARY: A large unilocular cyst of size 53x40mm with diffuse coarse echoes & ground-glass appearance is seen - s/o endometriotic cyst.

LEFT OVARY: Two similar morphology endometriotic cysts of size 41x25mm and 22x18mm are seen in left ovary.
B/L periovarian adhesions are noted.

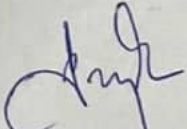
No free fluid is seen in POD.

IMPRESSION :

- Small B/L renal calculus.
- Relatively small sized right kidney with cortical scarring.
- Bulky retroflexed uterus with multiple uterine fibroids.
- B/L ovarian endometriotic cysts.
- B/L periovarian adhesions.

Adv: clinical correlation.

DR. (Mrs.) TARUNA N. YADAV
MBBS, DMRD
CONSULTANT RADIOLOGIST


DR. DEEPAK YADAV
MBBS, MD
CONSULTANT RADIOLOGIST