



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

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

HPE Small



Patient Details

Name: Ashok Kumar 152821
52M Gender: Male Female

Contact No: _____

By: _____ Contact No: _____

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

kg Height: _____ in. LMR

Instructions to Laboratory/Clinical Information

Referring Information

Name: Purhonyali Revari

Received: _____ Receipt No: _____

Balance / Due: _____

via Cash Cheque Credit ePlatform

Specimen Information

Sample / Vial type Ambient Refrigerated

Sample / Vial type: Container Vial ID Barcode: _____

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/FLCIT | <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 |

Sample Type/Source: _____

Total No. of Vials/Container: _____

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Date: _____ Time: _____

No. of Vials/container: _____

Specimen Collection Information

Date: 20/7/24 Time: 11:00

Fasting: Yes No Fasting Period: _____

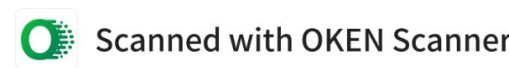
Collection by: _____

Urine Volume: _____ ml Hrs. _____

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 as well as any test results for the purpose of research and regulatory, will be used confidentially and will not be made publicly available. Further, I authorize the use of the following specimens for immediate research use in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes. Sample 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 publication by MolQ Lab or for any healthcare related communication please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The trademark logo of the test requested.

Other information: _____





PUSHPANJALI HOSPITAL



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HISTO PATHOLOGY REQUISITION SLIP

Ident: Dr. NEERAJ

Name: Mr. ASHOK KUMAR

S/o

Age: 52yrs Sex: Male Address: Vill - Near Garh Patodi

UHD-152821, IPD-24-03937 Admission No: 967123470

Q# - CASH



11856830

Date: 19/7/24

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 / Any

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Pre-vix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....



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NOT VALID FOR

Patient Name: Ms. Ashok Kumar UHID No: 252921 IPD No: 21939
Age / Sex: 52y / M Bed No: _____ DOA: 19/02/24 OOS: 19/02/24

OPERATION THEATRE NOTES

Surgeon In-charge: _____ Anesthetist: _____
Assistant Surgeon: _____ OT Technician: _____
OT Staff: _____ Type of Anaesthesia: _____
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. Dense omental adhesions noted over GB and liver
 2. GB contracted, multiple stones in GB lumen
 3. Wide cystic duct duct
 4. Cystic duct and artery clipped

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

Surgeon's Signature _____

Date & Time _____ (am / pm)