

TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct n

1. HPE ~~S~~ Medic



Patient Details

First Name: Shakuntala Last Name: 153465

Age: 54/F Gender: Male Female

Address: _____ Contact No: _____

Email ID: _____

Referred By: _____ Contact No: _____

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

Weight: _____ kg Height: _____ ft _____ inches LMP: _____ Let Us Know Reason

Instructions to Laboratory/Clinical I

Billing Information

Patient Name: Pushpajali Rawar

Patient ID: _____

Total Amount: _____

Amount Received: _____ Receipt No: _____

Amount Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Information



ambient Refr

Sample / Vial Type _____ Vial

Contc

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 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 _____

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: 26/7/24 Time: _____

Fasting: Yes No Fast

Collection by: _____

Urine Volume: _____ ml

Signature of Accessioning Officer(s)

Consent: I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my credit/banking information etc., as may be required for the services applicable by laws and regulations, will be kept confidential and will not be made public, available. Further, I authorize the use of the leftover specimens for a at any time in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes.

NOTE: The sample 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 public information, For any test/service related complaint/enquiry please contact MolQ Laboratory, for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. Printed MRP of the test requested

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PUSHPANJALI HOSPITAL



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HISTO PATHOLOGY REQUISITION SLIP

Physician: Dr. KIRAN YADAV

Date: 26/7/19

Patient Name: Mrs. SHAKUNTALA - W/O RAN SINGH

Age: 54 yrs Sex: Female Address: Vill - BADHRANA BERLA

IPD - 153465, IPD - 24-04162 Admission No.: 805952

Category - TPA



Site:

Relevant Clinical History

ul cx Bx / tubes
1 ovary

Operative Note

Tx: Bx
LGA

Relevant Special Investigation

[Signature]

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....

Menopausal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Pre / Post coitus, Lat Vag wall / endo Cervix

Ref. Dr.



PUSHPANJALI HOSPITAL

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Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Patient Name : Shakuntala UHID No. : 153465 IPD No. : 04162
 Age / Sex : 54 Y / F Bed No. : _____ D.O.A : 25/7/24 D.O.S : 26/7/24

OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kunal Yadav Anesthetist : _____
 Assistant Surgeon : _____ OT Technician : _____
 OT Staff : _____ Type of Anaesthesia : GA
 Pre-Operative Diagnosis : _____
 Post - Operative Diagnosis : _____
 Procedure Name : RUE B50 L4A
 Operation Started at : _____ Operation Finished at : _____ Duration : _____
 Sponge Count : _____ Whome : _____

Operative Notes :

[Faint handwritten notes in Hindi, likely describing the surgical procedure]

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

Surgeon's Signature _____

Date & Time _____ (am / pm)





Date	06/07/2024	Age	54 Yrs.	Sex	F
Name	MRS. SHAKUNTLA				
Ref. By	Dr. VIVEK RAO				

USG WHOLE ABDOMEN

Liver is enlarged in size measuring approx. 15.7cm and shows increased echogenicity to suggest steatotic changes. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein is normal.

Gall bladder is partially distended. No evidence of any obvious calculus or mass lesion is seen.

The CBD is not dilated.

Pancreas is normal in size & echotexture with no evidence of 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 evidence of calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No evidence of calculus or hydronephrosis is seen on left side.

Urinary bladder is well distended. The lumen is echofree with no evidence of any calculus or mass lesion.

Uterus is mild bulky for age measuring approx. 87 x 66 x 53mm and shows altered myometrium echo-pattern. No focal space occupying lesion is seen. Endometrial thickness is 11.7mm.

Well defined cystic lesion measuring approx. 36 x 29mm seen in left ovary without solid component or septations to suggest simple cyst.

Right ovary is visualized and is normal. No adnexal mass is seen.

No free fluid is seen in pouch of douglas.

No evidence of ascites seen.

No evidence of obvious abdominal lymphadenopathy is seen.

IMPRESSION:

- Mild hepatomegaly with grade I fatty changes in liver
- Left ovarian simple cyst.
- Mild bulky uterus with adenomyosis changes and mild thickened endometrium.

Adv: clinical correlation.


DR. ANIL KUMAR VERMA
 MBBS, M.D (RADIO-DIAGNOSIS)

FACULTY CONSULTANT RADIOLOGIST

- This is just a professional opinion and not the final diagnosis.
- In case of any doubt regarding reports, please contact personally.

