TEST REQUISITION FORM

MOLQ LABORATORY

Unique Identifier

Patient Details

First Name: Sharda Devi Last Name: 004344

Age: 55/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:

Billing Information

Client Name: Pushpanjali Recoair

Client ID:

Total Amount:

Amount Received: Receipt No:

Amount Balance /Due:

Payment via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Specimen Type Received (For MolQ use only)

☐ Serum ☐ Plasma: EDTA/FL/CIT ☐ SST ☐ W Blood EDTA ☐ W Blood Fluoride ☐ W Blood Heparin ☐ W Blood Sodium Citrate ☐ Semen

☐ Bone Marrow ☐ FN Aspirate ☐ Tissue Formalin ☐ Paraffin Block ☐ Smear ☐ Slide (H&E) ☐ Pus ☐ Blood Culture Bottle

☐ CSF ☐ Fluid ☐ BAL ☐ Sputum ☐ Urine ☐ Stool ☐ Swab ☐ Others

Other Sample Type/Source:

Received Specimen Information (For MolQ use only)

Temperature: ☐ Ambient ☐ Refrigerated ☐ Frozen

Date: Time:

Patient ID: No. of Vials/container:

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

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

1.
2. HPE Small
3. 11856701
4.
5.
6.
7.
8.
9.

Instructions to Laboratory/Clinical Information

Send Sample Information

11856701

Ambient ☐ Refrigerated ☐

Sample / Vial Type	Vial ID Barcode
Cortex	

Total No. of Vials/Container:

Specimen Collection Information

Date: 26/7/24 Time: 9:0

Fasting: Yes ☐ No ☐ Fasting Period:

Collection by:

Urine Volume: ml Hrs

Patient Consent: I hereby authorize MolQ Laboratory to use and share with affiliates my personal information ... [illegible]

Disclaimer: The sample used for research will be coded to maintain confidentiality ... [illegible]

[illegible]

Date

For any query reach us at contact@molq.in; Customer care 9999 778 778; Laboratory: 0124-4307906

For more in

Dr. Manoj Yadav
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DM Gastroenterology
Reg. No. HN 17067
Pushpanjali Hospital, R

PUSHPANJALI HOSPITAL

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

Lab No: [ ][ ][ ][ ][ ][ ][ ][ ]

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Sharda devi Referring Doctor Dr. Manoj Yadav Date 26/07/24

Name _____ Date of Birth 55 Sex: Male / Female

IPD No _____ Collection Centre _____ Uhid No 004344

OPD

Telephone _____ 11856701 RCC _____ (if different)

Site of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type of Specimen:

[ ] Large [ ] Medium [✓] Small

Antral biopsy to R/o H. Pylori

[ ] Miscellaneous
[ ] IHCmarkers
[ ] SpecialStains
[ ] Microphotography

Histopath Slides / Blockforreview:

Fixation

[ ] Adequate [ ]
Inadequate

Docter's Signature's

Dr Manoj Yadav
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