PUSHPANJALI HOSPITAL

...Medicare Pvt. Ltd.)

MolQ LABORATORY

TEST REQUISITION FORM

Unique Identifier

Patient Details

Mukesh Kumar 123899
52/M
Gender : Male ☐ Female ☐
Contact No
Referred By
Contact No
Maternal Screening -Date of Birth -
kg Height: ft inches LMP

Billing Information

Pushpanjali Rewari
Amount
Amount Received Receipt No
Balance /Due
Cash ☐ Cheque ☐ Credit ☐ ePlatform ☐

Test Name/Test Code

1 HPE Small
2
3
4
5
6
7
8
9

Instructions to Laboratory/Clinical Information

Specimen Type Received (For MolQ use only)

☐ Serum	☐ Bone Marrow	☐ CSF
☐ Plasma: EDTA/FL/CIT	☐ FN Aspirate	☐ Fluid
☐ SST	☐ Tissue Formalin	☐ BAL
☐ W.Blood EDTA	☐ Paraffin Block	☐ Sputum
☐ W.Blood Fluoride	☐ Smear	☐ Urine
☐ W.Blood Heparin	☐ Slide (H&E)	☐ Stool
☐ W. Blood Sodium Citrate	☐ Pus	☐ Swab
☐ Semen	☐ Blood Culture Bottle	☐ Others

Other Sample Type/Source

Received Specimen Information (For MolQ use only)

Temperature: ☐ Ambient ☐ Refrigerated ☐ Frozen
Time
No. of Vials/container

1	2

Signature of Accessioning Officer(s)

Sample / Vial Type

Sample / Vial Type	Vial ID Barcode
Conter	

Total No. of Vials/Container

Specimen Collection Information

Date 26/7/24 Time 9:00
Fasting: Yes ☐ No ☐ Fasting Period
Collection by
Urine Volume ml Hrs

Date Patient/Client

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y query reach us at contact@molq.in Customer care 9999 778 778, Laboratory 0124-4307906
For more info Log on to

PUSHPANJALI HOSPITAL

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

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Mukesh kumar ReferringDoctor Dr. Manoj Yadav Date 26/07/24

Name _____ Date ofBirth 52 Sex: Male / Female

IPD No _____ CollectionCentre _____ Uhid No 023899

Telephone _____ 11856700 RCC _____ (ifdifferent)

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

Dr. Manoj Yadav
MBBS, MD (Gen.)
DM Gastroenterology
Reg No. HH-17
Pushpanjali Hospital