



# TEST REQUISITION FORM

Unique Identifier

## Details

**Rhoop Singh**  
72/M

Last Name: **139706**  
Gender: Male  Female

Contact No:

Contact No:

Date of Birth:

Age:  Height:  Inches LMP:

## Information

**Pushpanjali Rawari**

Receipt No:

Payment Mode:  Cash  Cheque  Credit  ePlatform

## Specimen Type Received (For MoIQ use only)

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum                | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Serum EDTA/PLCT      | <input type="checkbox"/> FN Aspire            | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> EDT                  | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> BAL    |
| <input type="checkbox"/> Blood EDTA           | <input type="checkbox"/> Paraffin Block       | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> Blood Heparin        | <input type="checkbox"/> Slide (H&E)          | <input type="checkbox"/> Stool  |
| <input type="checkbox"/> 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

## Specimen Information (For MoIQ use only)

Temp:  Ambient  Refrigerated  Frozen

Time:

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 type)

**HPE Small**



## Instructions to Laboratory/Clinical Information

## Information

Temp:  Ambient  Refrigerated  Frozen

Sample / Vial Type

Vial ID Barcode

**Center**

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/Clinic/Doctor

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**Dr. Manoj Yadav**  
MBBS MD (Gold Medalist)  
DM Gastroenterology  
No. HV 1706/  
Anand Hospital, Rewari



# PUSHPANJALI HOSPITAL



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Lab No:

## HISTOPATHOLOGY REQUISITIONFORM

Patient Name Bhoop Singh

Referring Doctor Dr. Manoj Yadav

Date 26/07/24

Name \_\_\_\_\_

Date of Birth 72

Sex:  Male / Female

IPD No \_\_\_\_\_

Collection Centre \_\_\_\_\_

Uhid No. 139706

Telephone \_\_\_\_\_



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
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Signature's

Dr. Manoj Yadav  
MBBS, MD (Gold Medalist)  
DM Gastroenterology  
Reg. No. HN 1706  
Pushpanjali Hospital, R