PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari - 123 401 (Haryana), India
Phone: +91-1274-260021, 260521, 260500
Email: pushpanjalihospitalrewari@gmail.com
CIN : U85110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

Consultant: Dr. NEERAJ Date 27/7/24

Name Mr. UMRAD SINGH S/o

Age 78 yrs Sex Male Address Vill - BHAGTHALA Mobile

UHID- 08.32.90, IPD-24-04233 Admission No - 9992666262

Cat - ECHS

Specimen 11856684 Site

Brief relevant Clinical History

Sebaceous Cyst

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History LMP / Any other

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample
Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.

Scanned with OKEN Scanner

MOLQ LABORATORY

TEST REQUISITION FORM

Unique Identifier

Patient Details

First Name: UMRAO Singh Last Name: 083290

Age: 78/M 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 Rewari

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	☐ 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

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 type)

1.
2. HPE Small
3.
4. 11856684
5.
6.
7.
8.
9.

Instructions to Laboratory/Clinical Information

Specimen Information

11856684

Temperature: ☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
Conter	

Total No. of Vials/Container:

Specimen Collection Information

Date: 28/7/24 Time: 2:0?

Fasting: Yes ☐ No ☐ Fasting Period: ___ Hrs

Collection by:

Urine Volume: ___ ml Hrs

Patient Consent: [illegible]

Disclaimer: [illegible]

[illegible Hindi consent text]

Date: Patient/Client/Doctor's Signature

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For any query reach us at contact@molq.in Customer care 9099 775 770 Laboratory: 0124-4301906

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