



Unique Identifier

TEST REQUISITION FORM


Test Name/Test Code

(Please refer to the Directory of Services for correct)

1 _____

2 HPE small

3 _____

4 

5 _____

6 _____

7 _____

8 _____

9 _____

Patient Details

First Name: Kajal Singh Last Name: 155047

Age: 70M 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: _____ Last Ultrasound Report

Billing Information

Client Name: Pushpanjali Rawari

Client ID: _____

Total Amount: _____

Amount Received: _____ Receipt No.: _____

Amount Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical

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 Flavide	<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: _____

Client Information

1  Client Ref

Sample / Vial Type	Vial
<u>Contar</u>	

Total No. of Vials/Container: _____

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Date: _____ Time: _____

Client ID: _____ No. of Vials/container: _____

Specimen Collection Information

Date: 31/7/24 Time: _____

Fasting: Yes No Fasting

Collection by: Surender Kumar

Urine Volume: _____ ml H

1 _____

2 _____

Signature of Accessioning Officer(s)

I Consent: I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/disease information etc., as may be necessary for the treatment of my condition, and to the extent applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the following specimens for research purposes. I agree to the access of my medical records and specimens for diagnostic and research purposes. 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 disclosure of my information, I agree to indemnify and hold MolQ Laboratory harmless. For any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. This form is valid for 30 days from the date of collection.



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Boini Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

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

HISTO PATHOLOGY REQUISITION SLIP

Date 30/07/24

Dr. Jaipal Singh S/o.....

Sex Male Address UJH - Chitlang

UHIA - 155047 Admission No. 881482403

IPD - 04334  11856664 Site.....

Relevant Clinical History

TURP chips

Relevant Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Papsmear

Relevant Finding and History..... LMP / Any of

Post Menopausal / Suspicious Lesion / Other

Sample

Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. Yoges

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Patient Name: Jaipal Singh UHID No: 155042 IPD No: 4334
Age / Sex: 70 / M Bed No: _____ D.O.A: 30/7/24 D.O.S: 30/7/24

OPERATION THEATRE NOTES

Surgeon In-charge: Dr Kamal Anesthetist: Dr Mohit
Assistant Surgeon: Dr Yogesh OT Technician: _____
OT Staff: _____ Type of Anaesthesia: SA
Pre-Operative Diagnosis: BOO
Post - Operative Diagnosis: _____
Procedure Name: _____
Operation Started at: _____ Operation Finished at: _____ Duration: _____
Sponge Count: _____ Whome: _____

Operative Notes: findings:-

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

Surgeon's Signature: Mr
Date & Time: 30/7/24 (am / pm)

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Ref No.	PDC/USG/IPC/UHID155047	Date	30-07-2024
Patient's Name	Mr. Jaipal Singh	Age & Sex	70Y/M
Referred By	Dr. Kamal	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture.

No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated.

Portal vein is normal. The CBD is not dilated.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Pancreas is normal in size & echotexture with no e/o 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 e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side. A simple cyst of size 20x20mm is noted at lower pole of left kidney.

Urinary bladder is adequately distended. UB wall is diffusely thickened, measures about 6.3mm.

Prostate is mildly enlarged in size volume 37cc.

No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION :

- > Left renal simple cyst.
- > Mild prostatomegaly with cystitis.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist