PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India
Phone No +91-1274-263300, 260021
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Ritam | Referring Doctor Dr. Manoj Yadav | Date 31/

Name | Date of Birth 38 | Sex: Male / Female

IPD No | Collection Centre | Uhid No. 1548

Telephone | 11856658 | 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

Doctor's Signa

Dr. Manoj Ya
MBBS MD (Gen
DM Gastroente
No. HN 11

TEST REQUISITION FORM

MolQ® LABORATORY

Unique Identifier

Patient Details

First Name: Pritam | Last Name: 154895

Age: 38/M | Gender: Male ☐ Female ☐

Address: ______

______ Contact No. ______

Email ID: ______

Referred By: ______ Contact No. ______

Maternal Screening -Date of Birth:- D D M M Y Y Y Y

Weight: ______kg. Height: ___ft___Inches. LMP______ Last Ultrasound Report

Billing Information

Client Name: Pushpanjali Rewari

Client ID: ______

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	
Blood EDTA	☐	Paraffin Block	☐	Sputum	
Blood Flavide	☐	Smear	☐	Urine	
Blood Heparin	☐	Slide (H&E)	☐	Stool	
Blood Sodium Citrate	☐	Pus	☐	Swab	
Specimen	☐	Blood Culture Bottle	☐	Others	

Sample Type/Source ______

Received Specimen Information (For MolQ use only)

Temperature ☐ Ambient ☐ Refrigerated ☐ Frozen

Date ______ Time: ______

ID: ______ No. of Vials/container: ______

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

(Please refer to the Directory of Services for ...)

1. ______
2. HPE Small
3. ______
4. ______ [barcode: MolQ 11856658]
5. ______
6. ______
7. ______
8. ______
9. ______

Instructions to Laboratory/Clinic

______

Sample Information

[barcode: MolQ 11856658]

Sample / Vial Type	
Conter	

Total No. of Vials/Container: ______

Specimen Collection Information

Date: 31/7/24

Fasting Yes ☐ No ☐

Collection by: Surender

Urine Volume ______

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 ... 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 leftover specimens ... time in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose. ... 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 ... 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 ... MRP of the test requested

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