

TEST REQUISITION FORM



Unique Identifier

Patient Details

First Name: Ajay Ahirwar Last Name: 155195
 Age: 22/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: _____ Last Menstrual Period

Billing Information

Client Name: Pushpanjali Rawari
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No.: _____
 Amount Balance / Due: _____
 Payment via: Cash Cheque Credit ePlatform

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/PLICIT | <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 Flavite | <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: _____


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)

1 _____
 2 HPE Small
 3 
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____

Instructions to Laboratory/Clinical Inform

Information

 Refrigerate

Sample / Vial Type	Vial ID Ba
<u>Conten</u>	

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 13/8/24 Time: 11
 Fasting: Yes No Fasting Period: _____
 Collection by: Surender Kumar R
 Urine Volume: _____ ml Hrs _____

Patient 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 to perform...
 The sample used for research will be coded to maintain confidentiality and will be destroyed as per the rules and regulation specified as applicable by law. In the event of any publication by MolQ...
 In case of any dispute the jurisdiction will be held Office, Gurgaon, Haryana. The financial liability shall be borne by the patient.

Signature of Patient: _____ Date: _____ Patient ID: _____



PUSHPANJALI HOSPITAL

(A unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari - 123 401 (Haryana), India

Phone: +91-1274-200021, 200021, 200055

Email: pushpanjalihospitalrewari@gmail.com

CIN: U85110DL1987PTC207727

HISTO PATHOLOGY REQUISITION SLIP

Date 12/18/24

Name Mr. Ajay Ahimachar Bio Hospital/ward
Age 22 Y Sex male Address s/o Gali No. 2 South city Rewari
Phone Admission No. 820720850



Specimen UH10 - 1551015 Site
IPP - 047729
Relevant Clinical History

Ref Operative Note (L) Epididymal mass

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History..... LMP / Any o

Menstrual / Post Menopausal / Suspicious Lesion / Other

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

Ref. Dr. 409817



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



Patient Name : Ajay Ahirwar UHID No. : 155795 IPD No. : 04779
 Age / Sex : 22 Y/M Bed No. : D.O.A. 12/8/24 D.O.S. 12/8/24

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 : (+) Epididymal mass lesion
 Post - Operative Diagnosis :
 Procedure Name : Excisional biopsy of (+) Epididymal mass.
 Operation Started at : Operation Finished at : Duration :
 Sponge Count : Whome :

Operative Notes : findings :- Nodular mass over head of (+) Epididymis

Procedure :- After P & DOB tests, IASP, vertical incision given over (+) scrotum. wound made in layers, above mentioned findings are noted. Excision of the nodular mass over (+) epididymis done. Complete Hemostasis ensured. wound closed in layers.

Organ Exploded : Yogesh
 Specimen Sent for histopathology (if any) :
 Immediate post-operative condition :

Surgeon's Signature : [Signature]
 Date & Time : 12/8/24 (am / pm)