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

tient Name Ekta — Referring Doctor Dr. Manoj Yadav — Date 13/08/24

me _____ — Date of Birth 23 — Sex: Male / Female

D No _____ — Collection Centre _____ — Uhid No. 155876 OPD

hone _____ — 11856559 — RCC _____ (if different)

f Specimen: Esophageal biopsy

vant Clinical History:

OGD: whitish exudates

ional Clinical and Relevant Data:
ious Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: seen over esophageal mucosa

of Specimen:

- [ ] Large
- [ ] Medium
- [x] Small
- [ ] Miscellaneous
- [ ] IHCmarkers
- [ ] SpecialStains
- [ ] Microphotography

Esophageal biopsy to R/o Eosinophilic Esophagitis

Histopath Slides / Blockforreview:

Fixation

- [ ] Adequate
- [ ] Inadequate

Docter's Signature's

Dr. Manoj Yadav
MBBS, MD (Gold Medalist)
DM Gastroenterology
Reg. No. HW 17057

TEST REQUISITION FORM

MolQ LABORATORY

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct name and spe

1
2 HPE Small
3
4
5
6
7
8
9

11856559

Patient Details

Name: EKTA Last Name: 155876

23/F Gender: Male ☐ Female ☐

Address:

Contact No.

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

Name: Pushpanjali Rewar

ID:

Amount

Received: Receipt No.:

Balance /Due:

Paid via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Instructions to Laboratory/Clinical Information

Storage Information

11856559

☐ Ambient ☐ Refrigerated

Sample / Vial Type	Vial ID Barcode
Conten	

Total No. of Vials/Container:

Specimen Type Received (For MolQ use only)

Serum
Plasma: EDTA/FL/CIT

Blood EDTA
Blood Fluoride
Blood Heparin
Blood Sodium Citrate
Urine

Sample Type/Source

☐ Bone Marrow
☐ FN Aspirate
☐ Tissue Formalin
☐ Paraffin Block
☐ Smear
☐ Slide (H&E)
☐ Pus
☐ Blood Culture Bottle

☐ CSF
☐ Fluid
☐ BAL
☐ Sputum
☐ Urine
☐ Stool
☐ Swab
☐ Others

Received Specimen Information (For MolQ use only)

Temperature ☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

No. of Vials/container:

1	2

Signature of Accessioning Officer(s)

Specimen Collection Information

Date: 13/8/24 Time: 2:3

Fasting Yes ☐ No ☐ Fasting Period:

Collection by: Surender Kumar Rewa

Urine Volume: ml Hrs:

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my sensitive/disease information etc. as may be necessary to perform the test requested. 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 for immediate research and in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose. Sample saved 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 publication by MolQ Laboratory. 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. The financial liability or payment of the test requested.

Date: Patient/Guardian