

PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)


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

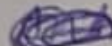
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E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name EKta Referring Doctor Dr. Manoj Yadav Date 13/08/24
Age 23 Date of Birth 23 Sex: Male / Female
ID No _____ Collection Centre _____ Uhid No. 155876
Phone _____  11856559 RCC _____
(if different)

Type of Specimen: 

Esophageal biopsy

Relevant Clinical History:

OAD: whitish exudates seen over esophageal mucosa

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type of Specimen:

Large Medium Small

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Esophageal biopsy to A/O Eosinophilic

Histopath Slides / Block for review:

Esophagitis

Fixation

Adequate
Inadequate

Doctor's Signature's

Dr. Manoj Yadav
MBBS, MD (Gold Medalist)
Diploma Gastroenterology
Reg. No. H-17067
Pushpanjali Hospital, Rewari


TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

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

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


Patient Details

Name: **EKTA** Last Name: **155876**
23/F Gender: Male Female
 Address: _____ Contact No: _____
 ID: _____
 Ordered By: _____ Contact No: _____
 Internal Screening - Date of Birth:
 Weight: _____ kg, Height: _____ ft _____ inches, LMP: _____ Last Menstrual Period

Instructions to Laboratory/Clinical Information

Referring Information

Name: **Pushpanjali Rewari**
 Address: _____
 Account: _____
 Received: _____ Receipt No.: _____
 Balance /Due: _____
 Payment via: Cash Cheque Credit ePlatform

 Ambient Refrigerated
Sample / Vial Type **Vial ID Barcode**

Container

Specimen Type Received (For MolQ use only)

<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> CSF
<input type="checkbox"/> EDTA/FLCIT	<input type="checkbox"/> Fluid
<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> BAL
<input type="checkbox"/> Paraffin Block	<input type="checkbox"/> Sputum
<input type="checkbox"/> Smear	<input type="checkbox"/> Urine
<input type="checkbox"/> Slide (H&E)	<input type="checkbox"/> Stool
<input type="checkbox"/> Pus	<input type="checkbox"/> Swab
<input type="checkbox"/> Blood Culture Bottle	<input type="checkbox"/> Others

Total No. of Vials/Container: _____

Specimen Information (For MolQ use only)

Storage: Ambient Refrigerated Frozen
 Time: _____
 No. of Vials/container: _____

Specimen Collection Information

Date: **13/8/24** Time: **2:30**
 Fasting: Yes No Fasting Period: _____
 Collection by: **Surender Kumar Rewari**
 Urine Volume: _____ ml Hrs: _____

Signature of Accessioning Officer(s)

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to the confidential information etc. as may be necessary to perform the test or 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 purposes. 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 publication by MolQ Laboratory, I agree to be named as the donor of the specimen. For any healthcare related complaints please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The financial ability or inability of the test requester.

Signature of Accessioning Officer(s) _____
 Date: _____