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 Rameshwari | Referring Doctor Dr. Manoj Yadav | Date 14/08/2

Name _____ | Date of Birth 78 | Sex: Male / Female

IPD No---------- | Collection Centre _____ | Uhid No. 155854

Telephone _____ | 11856545 | 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

[ ] Miscellaneous
[ ] IHCmarkers
[ ] SpecialStains
[ ] Microphotography

(*) Antral biopsy to R/o H. Pylori

Histopath Slides / Blockforreview:

Fixation

[ ] Adequate [ ]
Inadequate

Docter's Signatur

Dr. Manoj Yadav
MBBS, MD, Gold Medalist
DM Gastroenterology
Reg. No. HN 17057
Rewari

MOLQ LABORATORY

TEST REQUISITION FORM

Unique Identifier

Patient Details

First Name: Rameshwari Last Name: 155854

Age: 78/F Gender: Male [ ] Female [ ]

Address: ______

Contact No: ______

Email ID: ______

Referred By: ______ Contact No: ______

Maternal Screening -Date of Birth: [ ][ ] [ ][ ] [ ][ ][ ][ ]

Weight: ____ kg Height: ____ ft ____ inches, LMP ____ Last Ultrasound Report

Billing Information

Client Name: Pushpanjali Rewari

Client ID: ______

Total 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
[ ] W Blood EDTA	[ ] Paraffin Block	[ ] Sputum
[ ] W Blood Fluoride	[ ] Smear	[ ] Urine
[ ] W Blood Heparin	[ ] Slide (H&E)	[ ] Stool
[ ] W Blood Sodium Citrate	[ ] Pus	[ ] Swab
[ ] Semen	[ ] Blood Culture Bottle	[ ] Others

Other Sample Type/Source: ______

Received Specimen Information (For MolQ use only)

Temperature: [ ] Ambient [ ] Refrigerated [ ] Frozen

Date: ______ Time: ______

Client 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. 11856545

5.

6.

7.

8.

9.

Instructions to Laboratory/Clinical Info

Send Specimen Information

1 11856545 ... Ambient [ ] Refrigerated

Specimen Type	Vial ID
Corder	

Total No. of Vials/Container: ______

Specimen Collection Information

Date: 15/8/24 Time: ______

Fasting: Yes [ ] No [ ] Fasting Hrs

Collection by: ______

Urine Volume: ______ ml Hrs

Consent: I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/diagnosis information etc. as may be necessary ... information 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 ... any time in the future. I agree to the analysis of my medical records and specimen for diagnostic and research purpose.

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 ... confidential. 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 ... the MRP of the test requested.

[illegible]

Date: ______

Scanned with OKEN Scanner