

# TEST REQUISITION FORM



Unique Identifier

## Patient Details

First Name: Sushant Last Name: 155927  
 Age: 33/M Gender:  Male  Female   
 Address: \_\_\_\_\_ Contact No: \_\_\_\_\_  
 E-mail ID: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ Contact No: \_\_\_\_\_  
 For Material Screening Date of Birth:

## 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)

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum                  | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma: EDTA/FLUO      | <input type="checkbox"/> Fib Aspirate         | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> SST                    | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> (SA)   |
| <input type="checkbox"/> W Blood EDTA           | <input type="checkbox"/> Pap/Fin Smear        | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> W Blood Heparin        | <input type="checkbox"/> Stain (H&M)          | <input type="checkbox"/> Slit   |
| <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 related codes and specimen type)

HPE small



## Instructions to Laboratory/Clinical Information

## Specimen Information

To: \_\_\_\_\_  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
<u>Contn</u>	

Total No. of Vials/Container: \_\_\_\_\_

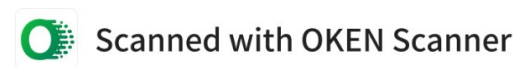
## Specimen Collection Information

Date: 15/8/24 Time: 11:00  
 Fasting: Yes  No  Fasting Period: \_\_\_\_\_  
 Collection by: \_\_\_\_\_  
 Urine Volume: \_\_\_\_\_ ml Hrs: \_\_\_\_\_

Date: \_\_\_\_\_ Patient/Clinical/Doctor's Signature: \_\_\_\_\_

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# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
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 Phone No +91-1274-263300, 260021  
 E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

## HISTO PATHOLOGY REQUISITION SLIP

Dr. [Signature]

Date 14-8-24

Name Mr. Sushant Sr. Vikram Chandra

Age 33y Sex M Address Rewari Haryana Admission No

Uhid 155427  
04826

9046746307

Specimen Gall Bladder Site



Brief Relevant Clinical History

Acute cholecystitis

Brief Operative Note

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr. [Signature]





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

Ref No.	PDC/USG/IPT/UHID155927	Date	13-08-2024
Patient's Name	Mr. Sushant	Age & Sex	33 Y/M
Referred By	Dr. Neeraj	Test Done	USG-

## ULTRASOUND REPORT OF WHOLE ABDOMEN

**Liver is moderately enlarged in size 18.1cm and shows grade I fatty infiltration.**  
No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated.  
**Portal vein is normal. The CBD is not dilated.**

**Gall bladder is partially distended. Multiple floating calculi are noted in lumen of gall bladder, largest of size 18.2mm. GB wall is diffusely thickened, measures about 6mm.**

**Pancreas is normal in size & echotexture with no e/o focal lesion.**

**Spleen is normal in size and echotexture. No focal lesion is seen.**

**Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.**

**Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.**

**Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.**

**Prostate is normal in size and echo-texture with no e/o any focal lesion.**

**No e/o ascites or free fluid seen.**

**No e/o obvious abdominal lymphadenopathy is seen.**

**No USG e/o appendicitis is seen.**

### IMPRESSION :

- **Moderate hepatomegaly with grade I fatty liver.**
- **Cholelithiasis with mild cholecystitis.**

**Adv: clinical correlation.**

Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Radiologist







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Name: Mr. Sushant UHID No. : 155927 IPD No. : 04826  
 Age: 33 Bed No. : 334M D.O.A. 13-8-24 D.O.S. 14-8-24

## OPERATION THEATRE NOTES

Surgeon In-charge : ..... Anesthetist : .....  
 Assistant Surgeon : ..... OT Technician : .....  
 Staff : ..... Type of Anaesthesia : .....  
 Operative Diagnosis : ACUTE CHOLECYSTITIS - PYOELE OF GB  
 Post-Operative Diagnosis : .....  
 Procedure Name : LAP CHOLECYSTECTOMY (SUBTOTAL) Done  
 Operation Started at : ..... Operation Finished at : ..... Duration : .....  
 Sponge Count : ..... Whome : .....

### Operative Notes :

- OT Findings.
1. Dense omental and duodenal adhesions noted over GB and liver
  2. GB overdistended, wall thickened
  3. GB lumen filled with pus and multiple stones
  4. A large stone impacted at neck of GB
  5. Cystic duct stump sutured with PDS 2-0 intracorporeally

Organ Explored : .....  
 Specimen Sent for histopathology (if any) : .....  
 Immediate post-operative condition : .....  
 Surgeon's Signature : [Signature] (am / pm)