

Unique Identifier

Patient Details

First Name: Naveen Yadav (Name: 154699)
 Age: 31M Gender: Male Female
 Address: _____ Contact No: _____
 Email ID: _____
 Referred By: _____ Contact No: _____
 For Maternal Screening - Date of Birth:
 Weight: _____ kg Height: _____ inches LMP: _____ Last Menstrual Report

Billing Information

Client Name: Pushpanjali Rawar
 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/PL/CT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SBT | <input type="checkbox"/> Tissue Fragments | <input type="checkbox"/> BAL |
| <input type="checkbox"/> W Blood EDTA | <input type="checkbox"/> Papain Block | <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"/> 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
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 Signature of Accessing Officer(s): _____

Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)
 1. HPE Small
 2. _____
 3. _____
 4. 
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____

Instructions to Laboratory/Clinical Information

Specimen Information

 Client: Refrigerated Frozen
 Sample / Vial Type: Container Vial ID Barcode: _____

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 15/8/24 Time: 11:07
 Fasting: Yes No Fasting Period: _____
 Collection by: _____
 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 demographic information etc. as may be necessary to perform the test or services or re-evaluation or to the extent permitted by laws and regulations, and will not be made public available. Further, I authorize the use of the above information for medical research and in future tests and during time in the future. I agree to the access of my medical records and specimens for diagnostic and research purpose.
Disclaimer: The sample given for research will be used to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable to law. In the event of any publication by MOLQ Laboratory, Patient's name cannot be mentioned. For any information contact compliance@molq.com or MOLQ Laboratory. For resolution, in case of any dispute the jurisdiction will be Haryana Office, Gurgaon. The financial liability or compensation is not more than 50% of the test requested.

Test result: If being processed at MOLQ Lab, it will be done within 24-48 hours. If you have any queries, please contact our customer care team at 9999 778 778. For more information, please visit our website at www.molq.com.
Refuge: We have a strict policy of confidentiality and will not share your information with any third party without your consent. Your information will be stored securely and will not be shared with any third party without your consent. For more information, please visit our website at www.molq.com.



PUSHPANJALI HOSPITAL



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Dr. Neeraj

HISTO PATHOLOGY REQUISITION SLIP

Date 14/8/24

Name Dr. Navneet Yadav Site Sube Singh
 Age 31Y Sex Male Address Rajmura, Puri
 Phone Admission No. 8901169111



Specimen _____ Site _____

UHID - 154649

IPD - 04804

Brief Relevant Clinical History

Hemorrhoid

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. _____





PUSHPANJALI HOSPITAL



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Phone No +91-1274-263300, 260021

Patient Name : Dr. Navneet Yadav UHID No. : 1574699 IPD No. : 04804
Sex : 31Y/M Bed No. : D.O.A. : 12/8/24 D.O.S. : 14/8/24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :
Assistant Surgeon : OT Technician :

OT Staff : Type of Anaesthesia : Haemorrhoids with local SI block + LLD with 1HTM

Pre-Operative Diagnosis : Haemorrhoids done
Procedure Name : Haemorrhoidectomy Duration :

Post - Operative Diagnosis :
Operation Started at : Operation Finished at :
Sponge Count : Whome :

Operative Notes :

OT No. 104 - 1. circumferential External haemorrhoids with active bleeding
2. Haemorrhoidectomy done @ 3, 7 and 11 o'clock position
3. Pedicle ligated with vicryl 1-0

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

Surgeon's Signature :
Date & Time : (am / pm)