



# TEST REQUISITION FORM

Unique Identifier

## Test Name/Test Code

(Please refer to the Directory of Services for correct)

## Patient Details

Name: Maheesh Last Name: 155879  
401M Gender: Male  Female   
 Contact No: \_\_\_\_\_  
 ID: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Contact No: \_\_\_\_\_  
 Internal Screening - Date of Birth: [ ][ ] [ ][ ] [ ][ ] [ ][ ]  
 Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ ft \_\_\_\_\_ inches LMP: \_\_\_\_\_ (Last Menstrual Period)

HPE smali



## Referring Information

Name: Pushpanjali Rewari  
 ID: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_  
 Amount Balance / Due: \_\_\_\_\_  
 Payment via:  Cash  Cheque  Credit  ePlatform

## Instructions to Laboratory/Clinical Information

## Information

Barcode: 11856527  
 Ambient  Refrigerated

## 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/FL/CIT	<input type="checkbox"/> FN Aspirate	<input type="checkbox"/> Fluid
<input type="checkbox"/> SBT	<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> BAL
<input type="checkbox"/> W Blood EDTA	<input type="checkbox"/> Paraffin 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

## Sample / Vial Type

Container

## Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen  
 Time: \_\_\_\_\_  
 ID: \_\_\_\_\_ No. of Vials/container: \_\_\_\_\_

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

## Specimen Collection Information

Date: 17/8/24 Time: \_\_\_\_\_  
 Fasting: Yes  No  Fasting F  
 Collection by: \_\_\_\_\_  
 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 my condition/disease information which may be necessary to care for the patient herein. This consent is given by me and my legal representative, will be kept confidential and will not be made publicly available. Further, I authorize the use of the software apparatus for automated use in the future. I agree to the storage of my medical records and specimens for diagnostic and research purposes. A sample used for research will be limited to research, non-commercially and will be discarded as per the rules and regulations specified as applicable by law. In the event of any publication, I will be notified. For any further information regarding this consent, please contact MolQ Laboratory for resolution. In case of any dispute, the jurisdiction will be Head Office, Gurgaon, Haryana. This form is valid for 12 months from the date of the test requested.

Having witnessed all the above terms, I do hereby give my consent to the above terms and conditions. I am aware of the risks of giving my information and consent to MolQ Laboratory and I understand that the information I provide may be used for research purposes. I understand that the information I provide may be used for research purposes. I understand that the information I provide may be used for research purposes. I understand that the information I provide may be used for research purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# 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



## HISTO PATHOLOGY REQUISITION SLIP

Date 16/8/2024

Mahesh KUMAR

Slr

Sex M

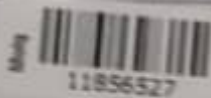
Address

155879

Admission No

9671968071

4851



Site

Clinical History

Gall Bladder

Note

Special Investigation

## CYTOLOGY REQUISITION SLIP

Year

and History.....LMP / Any other

Menopausal / Suspicious Lesion / Other

ix, Lat Vag wall / endo Cervix





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Ref No.	PDC/USG/OPE/UHID127200	Date	08-07-2024
Patient's Name	Mr. Mahesh Kumar	Age & Sex	40Y/M
Referred By	Dr. Manoj Yadav	Test Done	USG-

## ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. 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.

Echogenic sludge is seen in lumen of gall bladder. **GB wall is mildly diffusely thickened, measures about 4.9mm. The gall bladder is hour glass shaped. Few tiny echogenic foci are seen in wall of gall bladder, likely s/o Adenomatosis.**

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.

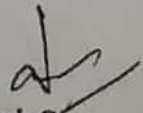
No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

### IMPRESSION :

- Echogenic sludge in lumen of gall bladder with chronic cholecystitis. **The gall bladder is hour glass shaped. Few tiny echogenic foci are seen in wall of gall bladder, likely s/o adenomatosis.**

**Adv: clinical correlation.**

  
Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist





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Patient Name : Mahesh Kumar UHID No. : 155879 IPD No. : 04851

Age / Sex : 40y/M Bed No. : ..... D.O.A. : 14/8/2024 D.O.S : 16/8/2024

## OPERATION THEATRE NOTES

Surgeon In-charge : Dr. NEERAJ Anesthetist : Dr. MOHIT ARORA  
 Assistant Surgeon : ..... OT Technician : Mr. Gobind  
 OT Staff : Mr. SHRIKANT Type of Anaesthesia : General Anaesthesia  
 Pre-Operative Diagnosis : Acute Cholecystitis with cystic duct cyst with adenomyomatosis of GB  
 Post - Operative Diagnosis : .....  
 Procedure Name : Lap Choleystectomy  
 Operation Started at : ..... Operation Finished at : ..... Duration : .....  
 Sponge Count : ..... Whome : .....

### Operative Notes :

- OT Findings -
1. GB distended, wall thickness (21)
  2. GB lumen filled with sludge
  3. Cystic dilatation of ~~egs~~ proximal part of cystic duct-
  4. Cystic duct and artery clipped

Organ Exploded.....

Specimen Sent for histopathology (if any).....

Immediate post-operative condition.....

Surgeon's Signature.....

Date & Time..... (am / pm)