

# TEST REQUISITION FORM



Unique Identifier

Unique Identifier: \_\_\_\_\_

### Test Name/Test Code

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

1 HPE Small

2

3

4

5

6

7

8

9

### Patient Details

First Name: Suman Last Name: 156221

Age: 38/F Gender: Male  Female

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Referred By: \_\_\_\_\_ Contact No: \_\_\_\_\_

For Maternal Screening -Date of Birth-

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ inches LMP: \_\_\_\_\_ Last Observed Period

### Billing Information

Client Name: Poojapajali 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/FL/CT      | <input type="checkbox"/> FN Aspirate          | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> SST                    | <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 |

Other Sample Type/Source: \_\_\_\_\_

### Instructions to Laboratory/Clinical Information

### Specimen Information

Test  Non  Refrigerated

Sample / Vial Type: Container

Vial ID Barcode: \_\_\_\_\_

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

### Specimen Collection Information

Date: 20/8/24 Time: 11:00

Fasting: Yes  No  Fasting Period: \_\_\_\_\_

Collection by: \_\_\_\_\_

Urine Volume: \_\_\_\_\_ ml Hrs: \_\_\_\_\_

### 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)

**Patient Consent:** I hereby authorize MolQ Laboratory to use and store with confidence, my personal information including but not limited to my confidential information and/or any other information to provide the best possible care to me and my family. I agree to the access of my medical records and specimens for diagnosis and research purposes.

**Disclaimer:** The sample used for research will be tested to maintain confidentiality and will be discarded as per the rules and regulation applicable to applicable by law. In the event of any jurisdiction by MolQ Laboratory, the sample will be destroyed. For any further information contact MolQ Laboratory for resolution. In case of any change the procedure will be listed Office, Durgam, Hyderabad. The financial liability of the test is more than AWP of the test conducted.

**MOI:** It is the policy of MolQ Laboratory to use and store with confidence, my personal information including but not limited to my confidential information and/or any other information to provide the best possible care to me and my family. I agree to the access of my medical records and specimens for diagnosis and research purposes.

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# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Phone No +91-1274-263300, 260021

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



## HISTO PATHOLOGY REQUISITION SLIP

Consultant: Dr. NEERAJ

Date: 19/8/24

Name: Mrs. SUMAN <sup>W/o</sup> ~~Dr.~~ SANJEEV KUMAR

Age: 38 yrs. Sex: female Address: KUND DHANI JARAWAT

UHD: W-6221; JPD-24-05015 Mobile: 9991987278

Cat - CASH



Specimen: Site:

Gall Bladder

Brief Relevant Clinical History

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 fomix, Lat Vag wall / endo Cervix

Ref. Dr.....



PT'S NAME : SUMAN  
AGE & SEX : 38F  
REF BYDR : PUSHPANJALI HOSPITAL

19 August 2024

ULTRASOUND REPORT

Liver : normal in size shows diffuse fatty infiltration. I/H biliary canaliculi & vascular system normal, no space occupying lesion seen in liver, portal vein normal in caliber .

GB : - mild distended, subtle or mild wall thickening, no pericholecystic fluid, few or multiple calculi with distal shadowing seen in lumen ranges 8 to 15 mm in size

CBD :- measure 3 to 4 mm at porta and not dilated , no calculus seen in scanned part on USG .

Pancreas : - normal in size, anatomy & echotexture..

Spleen :- normal.

Rt. kidney – measure 99x43mm, normal in size and echotexture , pelvicalyceal system normal, no evidence of hydronephrosis or calculus seen.

Lt. kidney – measure 100x46mm, normal in size & echotexture , small concretion seen in middle calyx , pelvicalyceal system normal, no evidence of hydronephrosis seen.

UB :- distended

Uterus- anteverted, normal size & echotexture , endometrial thickness normal, small calcification in myometrium

No adnexal pathology seen

POD – minimal fluid in POD

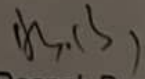
Gut loops – normal in course and caliber showing peristalsis

No free fluid in abdomen and pelvis

Imp  
Fatty liver [ grade I ]  
Cholelithiasis

Adv : LFT, serum amylase & please correlate clinically

Dr. Raman Bhutani  
M.D [ Radio -Diagnosis]

  
Dr. Deepak Banglya  
MD [ Radio-Diagnosis]  
HMC NO.6820

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Patient Name : Suman UHID No. : 156221 IPD No. : 5015  
Age / Sex : 38 / F Bed No. : Sec D.O.A. : 19/8/24 D.O.S. : 19/8/24

## OPERATION THEATRE NOTES

Surgeon In-charge : Dr. NEERAJ Anesthetist : Dr. MOHIT ARORA  
Assistant Surgeon : ..... OT Technician : Mrs. SUKVIINDER  
OT Staff : Mr. SHRIKANT & Mr. YOGENDER Type of Anaesthesia : General Anaesthesia  
Pre-Operative Diagnosis : ACUTE CHOLECYSTITIS  
Post - Operative Diagnosis : .....  
Procedure Name : LAP CHOLECYSTECTOMY  
Operation Started at ..... Operation Finished at ..... Duration .....  
Sponge Count ..... Whome .....

### Operative Notes :

OT Findings -

1. GB over distended, wall thickened
2. GB lumen filled with multiple stones
3. A large stone impacted at neck of GB
4. Wide cystic ~~CD~~ - ligated with ~~CD~~ silk 1-0 using endoloop.

Organ Exploded.....  
Specimen Sent for histopathology (if any).....  
Immediate post-operative condition.....

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