

TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

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

HPE Small



11856497

Patient Details

Name: Sundari Devi and Name: 156087
57/F Gender: Male Female

Contact No: _____

Ref By: _____ Contact No: _____

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

kg Weight _____ Inches (LBS) _____ (Last obtained year) _____

Referring Information

Name: Pushpanjali Rewari

ID: _____

Amount: _____

Ref Received: _____ Receipt No: _____

Ref Balance / Due: _____

Ref via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Information

Send Specimen Information



11856497

Refrigerated

Vial ID Barcode

Contu

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/CLOT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SPT | <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"/> Slur |
| <input type="checkbox"/> W. Blood Sodium Citrate | <input type="checkbox"/> Pw | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Ref Sample Type/Source

Specimen Information (For MolQ use only)

Specimen Status: Ambient Refrigerated Frozen

Time: _____

ID: _____ No. of Vials/Container: _____

1 _____ 2 _____

Signature of Accessing Officer(s)

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 20/8/24 Time: 17:00

Fasting: Yes No Fasting Period: _____

Collection by: _____

Urine Volume: _____ ml Hrs: _____

I hereby authorize MOLOQ Laboratory to use and store with sufficient long term information including but not limited to my personal information etc. as may be necessary to perform the test to the extent applicable to laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the laboratory for research purposes in the future. I agree to the storage of my medical records and associated test diagnostic and research purposes. A sample used for research will be coded in manner confidentially and will be deposited by you the called and regulated as applicable by law. In the event of the publication by MOLOQ Laboratory of any information related to research please contact MOLOQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Bangalore, Karnataka. This form is subject to the terms and conditions of the test requisition form.

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PUSHPANJALI HOSPITAL



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Phone No +91-1274-263300, 260021

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

Wing

HISTO PATHOLOGY REQUISITION SLIP

Date 20-8-24

Name Ms Sandeep Uda Singh Chauhan

Age 57y Sex F Address Rangana

U+ID 158087 Admission No. 8949489877
05045



Specimen Site

Relevant Clinical History

Gall Bladder

Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Pre-vag / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....





RATAN

ULTRASOUND CENTRE

• MRI (1.5T SIEMENS) • 96 SLICE C.T. SCAN • ELASTOGRAPHY

DR. ATEESH SINGHAL
M.D. (Radio-diagnosis), FIAMS
Consultant Radiologist
Visiting Fellow, Nanavati Hospital, Mumbai
HMC Reg. No. - 8524
DR. (MRS.) ACHAL GUPTA
M.D. (Radio-diagnosis), FIAMS
Consultant Radiologist
Ex-Registrar, PGIMS, Rohtak
HMC Reg. No. - 8955

Patient's Name	Mrs. Sunderi	Age & Sex	56y/F
Referred By	Dr. Rajesh	Date:	10-Aug-24

ULTRASOUND REPORT OF WHOLE ABDOMEN

- LIVER** Is enlarged (17.5 cm) in size and shows increased echotexture. Intra Haptic Billiary Radicals are normal. No space-occupying lesion is seen.
- GB** shows an echogenic focus in the lumen, measuring 20.6 mm in size. Wall thickness is normal.
- CBD** Is normal in diameter (4 mm). No CBD calculus is seen. P V is normal in calibre. Para-aortic region is clear.
- PANCREAS** Is normal in size and shows normal echotexture.
- SPLEEN** Is normal in size and shows normal homogenous echotexture.
- RT KIDNEY** is normal in size, shape, position and echotexture. Cortico-medullary differentiation is well maintained. No hydronephrosis or calculus is seen.
- LT KIDNEY** is normal in size, shape, position and echotexture. Cortico-medullary differentiation is well maintained. No hydronephrosis or calculus is seen.
- UB** Is normal in capacity and is lined with smooth outline.
- UTERUS** is anteverted, atrophic in size.
ADNEXAE Both adnexae are clear. No adnexal mass is seen.
- Right iliac fossa is normal.
No free fluid is seen in POD.

IMPRESSION:

- Grade II fatty liver with mild hepatomegaly.
- Cholelithiasis.

Dr. Achal Gupta
M.D. (Radio-diagnosis)

Dr. Ankita Aggarwal
M.D. (Radio-diagnosis)

Dr. Ateesh Singhal
M.D. (Radio-diagnosis)

• MRI (1.5T) • 96 Slice C.T. Scan (Radiology) • 5D/4D/3D, Ultrasound • Colour Doppler • Mammography • X-Ray • OPG • Path Lab.

OPP. GOVT. GIRLS SR. SEC. SCHOOL, NEAR KANOD GATE, CIRCULAR ROAD, REWARI-123401 (HR.)
Tel. : 01274-298838, 222109, Mob. : +91-7056462708, 7056462709, email: dr.ateesh@gmail.com

This is a professional opinion only and not the final diagnosis. The report is to be correlated clinically and with lab reports
In case of clinico-radiological discrepancy please contact the Radiologist immediately. All congenital malformations can not be detected by Ultrasound. NOT VALID FOR MEDICO LEGAL USE.



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Phone No +91-1274-263300, 260021



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

Patient Name : ms Sandhi Devi UHID No. : 156087 IPD No. : 05044

Age / Sex : 57 Yr Bed No. : D.O.A. 20-8-24 D.O.S. 20-8-24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :

Assistant Surgeon : OT Technician :

OT Staff : Type of Anaesthesia :

Pre-Operative Diagnosis : SYMPTOMATIC GALL STONE DISEASE

Post - Operative Diagnosis :

Procedure Name : LAP CHOLECYSTECTOMY

Operation Started at : Operation Finished at : Duration :

Sponge Count : Whome :

Operative Notes :

- OT Findings
1. GB distended, wall thickness (N)
 2. A large stone impacted at neck of GB
 3. Calot's triangle anatomy (N)
 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)