



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

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Shri Kant Datta

HISTO PATHOLOGY REQUISITION SLIP

Date 28/8/24

Name Mr. Rajesh Kumar S/o. Bhup Singh

Age 52 Yr Sex male Address Chandeluwa (Rewari)

Phone Admission No 7027238084

OHIO-154459

TPD - 05194

Specimen Site

Brief Relevant Clinical History

① Scalp Swelling

② Rt Mandibular Swelling



Brief Operative Note

Gradually progressive nontender soft tissue mass eroding underlying bone

Any Relevant Special Investigation

Histopathology

fluid - cytology / culture sensitivity

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Signature
LMP / Any other

Clinical Finding and History

Normal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.

Doctor's Signature's

Dr. Manoj Kedar

Dr. Kalpana



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

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

Patient Details

First Name Rajesh Kumar -2 Last Name 154459

Age 52 M Gender: Male Female

Address: _____ Contact No: _____

E-mail ID: _____

Referred By: _____ Contact No: _____

For Maternal Screening -Date of Birth: [][] [][] [][] [][] [][]

Weight: _____ kg Height: _____ m Inches: _____ LMP: _____ Lab Ultrasound Report

Instructions to Laboratory/Clinical Information

Billing Information

Client Name Pushpanjali Rewari

Client ID: _____

Total Amount: _____

Amount Received: _____ Receipt No: _____

Amount Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Information

Sample Ambient Refrigerated

Sample / Vial Type _____ Vial ID Barcode _____

Conten

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/ClT | <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"/> Sweat |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Other Sample Type/Source _____

Total No. of Vials/Container: _____

Received Specimen Information (For MolQ use only)

Temperature Ambient Refrigerated Frozen

Date: _____ Time: _____

Patient ID: _____ No. of Vials/Container: _____

Signature of Accessioning Officer(s)

Specimen Collection Information

Date 24/8/24 Time 11:06

Fasting: Yes No Fasting Period: _____

Collection by: _____

Using Machine: _____ ml Hrs. _____

Consent: I hereby authorize MolQ Laboratory to use and share with affiliates, the personal information including but not limited to my identification information, all as also be necessary to perform the test as information is 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 subject specimen for immediate clinical use and for research purposes. I agree to the above in the context of the medical history and specimen for diagnosis and research purposes. The sample used for research will be used to maintain confidentiality and will be assigned to all the rules and regulations specified in appendix 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The information is being submitted to you for your records.

Signature of Patient/Collector

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Doctor's Signature's

Dr. Manoj Koder
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