PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
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E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Dr Kirangahe

HISTO PATHOLOGY REQUISITION SLIP

Date 23/8/2024

me Poonam W/o Pawan Kumar

e 36y Sex F Address Bhalp

155945
5222

Admission No 9149601834

ecimen Site

f Relevant Clinical History

① CERVICAL Polyp- Endo

② Endometrial biopsy

f Operative Note

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

logy Papsmear

cal Finding and History LMP / Any other

al / Post Menoposal / Suspicious Lession / Other

f Sample

x / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.

TEST REQUISITION FORM

MolQ LABORATORY

Unique Identifier

Test Name/Test Code

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

1.
2. HPE Small-2
3.
4.
5.
6.
7.
8.
9.

tient Details

Name: Poonam-2 Last Name: 155945

36/F Gender: Male ☐ Female ☐

ress:

Contact No.

ID:

ed By: Contact No.

aternal Screening -Date of Birth: -

kg Height: ft Inches, LMP: Last Ultrasound Report

Instructions to Laboratory/Clinical Informa

ng Information

Name: Pushpanjali Rewari

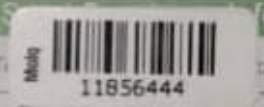
ID:

mount

t Received: Receipt No.:

t Balance /Due:

nt via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform



Sample Information

ient ☐ Refrigerated

Sample / Vial Type	Vial ID Bar
Conter	

Total No. of Vials/Container:

imen Type Received (For MolQ use only)

Serum	☐	Bone Marrow	☐	CSF	
Plasma EDTA/FL/CIT	☐	FN Aspirate	☐	Fluid	
SST	☐	Tissue Formalin	☐	BAL	
W Blood EDTA	☐	Paraffin Block	☐	Sputum	
W Blood Fluoride	☐	Smear	☐	Urine	
W Blood Heparin	☐	Slide (H&E)	☐	Stool	
W. Blood Sodium Citrate	☐	Pus	☐	Swab	
Semen	☐	Blood Culture Bottle	☐	Others	

Sample Type/Source

Specimen Collection Information

Date: 24/8/24 Time: 9:

Fasting: Yes ☐ No ☐ Fasting Period

Collection by:

Urine Volume: ml Hrs

ved Specimen Information (For MolQ use only)

ature: ☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

D: No. of Vials/container:

1	2

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 etc. as may be necessary to perform to the extent applicable by laws and regulations, will be kept confidential, and will not be made publicly available. Further, I authorize the use of the leftover specimens for immediate research use in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose. Sample used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulation specified as applicable by law. In the event of any publication by MolQ Lab. For any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The financial liabi of the test requested.

Date

Pati