



# 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

Dr. Naveen  
 Name Naveen Kumar S/o Krishan Kumar Date 22/8/24  
 Age 46y Sex M Address Kuksi  
 ID 156443 Admission No. 5126



Specimen..... Site.....

Relevant Clinical History

Cath Bladder

Operative Note

Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Specimen by Papsmear

Finding and History..... LMP / Any

Post Menoposal / Suspicious Lesion / Other

Sample

Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....





# TEST REQUISITION FORM

Unique Identifier


## Test Name/Test Code

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

1 \_\_\_\_\_

2 HPE small

3 \_\_\_\_\_

4  11856446

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

## Patient Details

First Name: Naveen Kumar Name: 156443

Age: 46 M 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 Ultrasound Report

## Instructions to Laboratory/Clinical In

## Billing Information

Client Name: Pushpanjali Rawar

Client ID: \_\_\_\_\_


Total Amount: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Amount Balance /Due: \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePlatform

## Sample Information

 11856446

Sample / Vial Type: Contc

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

## 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"/> SST	<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> SMA
<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: \_\_\_\_\_

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

## Received Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lab ID: \_\_\_\_\_ No. of Vials/container: \_\_\_\_\_

1	2
---	---

Signature of Accessioning Officer(s)

## Specimen Collection Information

Date: 24/8/24 Time: \_\_\_\_\_

Fasting: Yes  No  Fasting

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

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

**Consent:** I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my confidential information etc. as may be necessary for the provision of services to me and my family, and will not be made publicly available. Further, I authorize the use of the above specimens for research purposes if any time in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes.

**Disclaimer:** The sample used for research will be coded to maintain confidentiality, and will be discarded as per the rules and regulations specified as applicable by law. In the event of any publication or other use of the sample for research purposes, the name of the patient will be kept confidential. For any test/service related consultation, please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be West Bengal, India. The fee of the test is ₹ 1000/-.

**Terms and Conditions:** The test is valid only if the specimen is received within the specified time frame. The test is not valid if the specimen is received after the specified time frame. The test is not valid if the specimen is received from a source other than the patient. The test is not valid if the specimen is received from a source other than the patient. The test is not valid if the specimen is received from a source other than the patient.

MolQ Laboratory, all associated logos and all associated MOLQ Laboratory makes are the trademarks of Molecular Quest Healthcare Pvt. Ltd. Copyright © 2024. For any query reach us at contact@molq.in. Customer care 9899 778 778. Laboratory 0124-4307906.