



# TEST REQUISITION FORM

Unique Identifier

## Test Name/Test Code

Please refer to the Directory of Services

HPE Small



## Patient Details

Name: Mahender Kumar Last Name: 156755  
56/M Gender: Male  Female

Contact No. \_\_\_\_\_

ID \_\_\_\_\_

Ref By \_\_\_\_\_ Contact No. \_\_\_\_\_

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

kg Height \_\_\_\_\_ ft \_\_\_\_\_ inches LMP \_\_\_\_\_ Last Ultrasound Report \_\_\_\_\_

## Instructions to Laboratory

## Payment Information

Name: Pushpanjali Rawar

Address \_\_\_\_\_

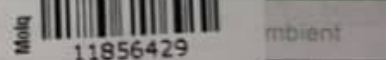
Amount \_\_\_\_\_

Received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

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

Payment via:  Cash  Cheque  Credit  ePlatform

## Specimen Information



Sample / Vial Type

Contc

## 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"/> 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 Hepann          | <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 |

Sample Type/Source \_\_\_\_\_

Total No. of Vials/Containers \_\_\_\_\_

## Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen

Time \_\_\_\_\_

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

## Specimen Collection Info

Date: 26/8/24

Fasting: Yes  No

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

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

1	2
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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. In 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 information in the future. I agree to the access of my medical records and specimen for diagnostic and research purposes. 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 test service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram of the test requisition.

# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Lab No:

## HISTOPATHOLOGY REQUISITION FORM

Patient Name Mahender kumar Referring Doctor Dr. Manoj Vohra Date 26/0  
Age 56 Date of Birth 56 Sex:  Male / Female  
OPD No. \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 15675  
Phone \_\_\_\_\_



RCC \_\_\_\_\_  
(if different)

Site of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:  
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Size of Specimen:

Large  Medium  Small

Antreal biopsy to R/o H. Pylori

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

Doctor's Sign

Dr. Manoj Vohra  
MBBS, MD (G) DM Gastroenterology  
Reg. No. H-17  
Pushpanjali Hospital