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

Lab No: [| | | | | | | |]

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Bimla Devi Referring Doctor Dr. Manoj Yadav Date 26/08/24

Name _____ Date of Birth 59 Sex: Male / Female

PD No _____ Collection Centre _____ Uhid No. 017905 OP

phone _____ RCC _____ (if different)

of Specimen: Antrum

evant Clinical History:

Epigastric pain

itional Clinical and Relevant Data:
evious Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

e of Specimen:

☐ Large ☐ Medium ☑ Small

Antral biopsy to Rule H. Pylori

☐ Miscellaneous
☐ IHCmarkers
☐ SpecialStains
☐ Microphotography

Histopath Slides / Blockforreview:

Fixation

☐ Adequate ☐ Inadequate

Docter's Signature

Dr. Manoj Yadav
MBBS, MD(Gold
DM Gastroentero
Reg. No. HN 17
Pushpanjali Ho

TEST REQUISITION FORM

MolQ LABORATORY

Unique identifier

Test Name/Test Code

Please refer to the Directory of Services for co

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

MolQ 11856431

Details

Bimla Devi Last Name 017205

Salf Gender: Male ☐ Female ☐

Contact No.

Contact No.

Screening -Date of Birth:- DD MM YYYY

kg. Height ft inches. LMP Last Ultrasound Report

Instructions to Laboratory/Clinic

formation

Pushpanjali Research

MolQ 11856431

Information

ived: Receipt No.:

nce /Due:

Ambient ☐

Cash ☐ Cheque ☐ Credit ☐ ePlatform

Sample / Vial Type	
Conten	

Type Received (For MolQ use only)

n	☐ Bone Marrow	☐ CSF	
a: EDTA/FL/CIT	☐ FN Aspirate	☐ Fluid	
	☐ Tissue Formalin	☐ BAL	
od EDTA	☐ Paraffin Block	☐ Sputum	
od Fluonde	☐ Smear	☐ Urine	
od Heparin	☐ Slide (H&E)	☐ Stool	
od Sodium Citrate	☐ Pus	☐ Swab	
n	☐ Blood Culture Bottle	☐ Others	

le Type/Source

Total No. of Vials/Container:

Specimen Information (For MolQ use only)

Specimen Collection Informat

☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

No. of Vials/container:

Date 26/8/24 Ti

Fasting: Yes ☐ No ☐

Collection by:

Urine Volume:

1	2

Signature of Accessioning Officer(s)