



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: U85110DL1987PTC207

Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Mohar Singh

Referring Doctor Dr. Manoj Yadav

Date 2

Name _____

Date of Birth 8/1

Sex: Male

IPD No _____

Collection Centre _____

Uhid No. 2

Telephone _____



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:

Type of Specimen:

Large Medium Small

Miscellaneous

IHC markers

Special Stain

Microphoto

Antral biopsy to R/O
H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for test codes)

HPE Smear



Patient Details

Name: Hoshik Singh Last Name: 041753
Gender: Male Female
Age: _____ Contact No: _____
ID: _____
Admitted By: _____ Contact No: _____
External Screening - Date of Birth: [][] [][] [][]
Weight: _____ kg Height: _____ inches LMP: _____ (Last Ultrasound Report)

Instructions to Laboratory/Clinic

Billing Information

Name: Pushpanjali Rewar
ID: _____
Amount: _____
Amount Received: _____ Receipt No: _____
Balance / Due: _____
Payment via: Cash Cheque Credit ePlatform

Specimen Information

Ambient

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 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 |

Specimen Source

Specimen Information (For MolQ use only)

Temperature: Ambient; Refrigerated Frozen
Time: _____
ID: _____ No. of Vials/container: _____

Total No. of Vials/Container:

Specimen Collection Information

Date: 21/8/24
Fasting: Yes No
Collection by: _____
Urine Volume: _____

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 contact information and other information, as may be required 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 reference specimens for research in the future. I agree to the access of my medical records and specimen for diagnostic and research purposes. If a sample used for research will be coded to maintain confidentiality and will be de-identified as per the laws and regulations specified as applicable by law. In the event there is a conflict, for any test/service related complaint/queries please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Hoshik Office, Gurugram, Haryana. For more information, please contact MolQ Laboratory.