



TEST REQUISITION FORM

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for code)

Details

Last Name: Hukam chand 156652

60 / F

Gender: Male Female

Contact No. _____

Contact No. _____

Age: _____ Date of Birth: _____

Weight: _____ kg Height: _____ inches LMP: _____ Last Ultrasound Report

HPE Small



Information

Pushpanjali Rewari

Received: _____ Receipt No.: _____

Balance / Due: _____

Payment: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinic

Specimen Information



Ambient

Sample / vial type

Contn

Specimen Type Received (For MolQ use only)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Slide (H&E) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> Pus | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Sample Type/Source

Total No. of Vials/Container: _____

Specimen Information (For MolQ use only)

Storage: Ambient Refrigerated Frozen

Time: _____

No. of Vials/container: _____

Specimen Collection Information

Date: 26/8/24 Time: _____

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 name, address, contact information, etc., as may be required for the purpose of providing services to me. My information, including but not limited to my name, address, contact information, etc., as may be required for the purpose of providing services to me, will be kept confidential, and will not be made publicly available. Further, I authorize the use of the information provided for the future. I agree to the access of my medical records and specimens for diagnostic and research purposes. Information 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 change in my address, please contact MolQ Laboratory for re-verification. In case of any dispute the jurisdiction will be Haryana. Copyright © 2024 MolQ Laboratory. All rights reserved.


PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)
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Phone No +91-1274-263300, 260021
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Nikhil Chaud Referring Doctor _____ Date 26/8/24
Name _____ Date of Birth 6/11 Sex: Male / Female
PD No 257-011 Collection Centre _____ Uhid No. 156652
phone _____  11956430 RCC _____
(if different)

Specimen: Biopsy from irregular mucosa Right upper lobe

Relevant Clinical History: C/O cough, chest pain, Chronic smoker (⊕⊕) X 15-20 day

Additional Clinical and Relevant Data: Bronchoscopy CECT report attached

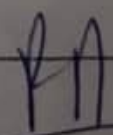
Specimen: ?? CA LUNG

- Large Medium Small
- Miscellaneous
 IHC markers
 Special Stains
 Microphotography

Histopath Slides / Block for review:

Fixation

- Adequate
Inadequate


Doctor's Signa

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Ref No.	PDC/CT/UHID156652	Date	24-08-2024
Patient's Name	Mr. Hukum Chand	Age & Sex	60Y/M
Referred By	Dr. Pooja Aneja	Test Done	CT

CECT CHEST

Serial axial sections of chest were studied before and after nonionic IV contrast using spiral mode and documented in lung and mediastinal window.

A spiculated margined heterogeneously enhancing soft tissue density lesion of size about 60x40mm in right upper lobe. The lesion is obliterated right main bronchus with resultant segmental collapse. The lesion is abutting to superior vena cava, trachea and right main branch of pulmonary artery. Findings are likely s/o neoplastic etiology. Adv:- Bronchoscopic biopsy.

Remaining lung fields are normal.


No evidence of significant mediastinal/ hilar lymphadenopathy is seen.

No evidence of pleural effusion is seen.

Trachea and main stem bronchi are normal in calibre.

The mediastinal vasculature, heart, pericardium and the bony thoracic cage are unremarkable.

Please correlate clinically.


Dr. Ritesh Garg
M.D. (Radio-diagnosis).

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