



# 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

Date 20

Name MUNESH DEVI S/o

Age 47 Sex  F Address 9467332091

Phone 156582 Admission No.

5411 SPM SPM



Specimen Site

Relevant Clinical History  
Ulcers, cervical B/C tubes & ovaries

Operative Note  
TENT BSO.

Relevant Special Investigation ok

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History

Pre-menopausal / Post Menopausal / Suspicious Lesion / Other

Type of Sample

Sex / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.



# TEST REQUISITION FORM

Unique Identifier

[Blank box for Unique Identifier]

## Test Name/Test Code

(Please refer to the Directory of Services)

1. \_\_\_\_\_  
2. **HPE**  
3. **Large**



## Test Details

Name: **Munesh Devi** Last Name: **156582**  
**47/F** Gender: Male  Female

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

By: \_\_\_\_\_ Contact No. \_\_\_\_\_

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

kg: Height: \_\_\_\_\_ ft \_\_\_\_\_ Inches, LMP: \_\_\_\_\_  Last Ultrasound Report

## Instructions to Laboratory

## Referral Information

Referral Name: **Pushpanjali Rao**

Referral Unit: \_\_\_\_\_

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

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

Payment via:  Cash  Cheque  Credit  ePlatform

## Send Specimen Information



Temperature: \_\_\_\_\_ Ambient

Container Type: **Container**

## 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 |

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

## Specimen Information (For MolQ use only)

Storage Temperature:  Ambient  Refrigerated  Frozen

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

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

1. \_\_\_\_\_  
2. \_\_\_\_\_

Signature of Accessioning Officer(s)

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

## Specimen Collection Information

Date: **30/8/24**

Fasting: Yes  No

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

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

I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my contact information, etc. 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 information in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose. 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 (P.O. of the test requested)