# 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 Bhupender Singh Chauhan  Referring Doctor Dr. Manoj Yadav  Date 09/

Name _____  Date of Birth 14  Sex: Male / Fema

IPD No _____  Collection Centre _____  Uhid No. 1577

Telephone _____  11856255  RCC (if different) _____

Site of Specimen: Antrum

Relevant Clinical History:

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: K/C/O gastric pain

**Type of Specimen:**

[ ] Large  [ ] Medium  [✓] Small

[ ] Miscellaneous
[ ] IHCmarkers
[ ] SpecialStains
[ ] Microphotograph

Antral biopsy to R/o H. Pylori

**Histopath Slides / Blockforreview:**

**Fixation**

[ ] Adequate [ ]
Inadequate

# TEST REQUISITION FORM

MolQ LABORATORY

Unique Identifier

## ent Details

Name: Bhupender Singh Last Name: 157763

14/M Gender : Male ☐ Female ☐

ss:

Contact No.

D:

d By: Contact No.

ternal Screening -Date of Birth:- ☐☐ ☐☐ ☐☐☐☐

kg. Height: ft Inches. LMP Last Ultrasound Report

## g Information

Name: Pushpanjali Rewari

):

ount

Received: Receipt No.:

Balance /Due:

via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

## men Type Received (For MolQ use only)

| | | |
|---|---|---|
| Serum | ☐ Bone Marrow | ☐ CSF |
| Plasma: EDTA/FL/CIT | ☐ FN Aspirate | ☐ Fluid |
| SST | ☐ Tissue Formalin | ☐ BAL |
| W Blood EDTA | ☐ Paraffin Block | ☐ Sputum |
| W Blood Fluoride | ☐ Smear | ☐ Urine |
| W Blood Heparin | ☐ Slide (H&E) | ☐ Stool |
| W. Blood Sodium Citrate | ☐ Pus | ☐ Swab |
| Semen | ☐ Blood Culture Bottle | ☐ Others |

Sample Type/Source

## ed Specimen Information (For MolQ use only)

ure ☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

No. of Vials/container:

| 1 | 2 |
|---|---|
| | |

Signature of Accessioning Officer(s)

## Test Name/Test Code

(Please refer to the Directory of Services fo

1.
2. HPE Small
3.
4. MolQ 11856255
5.
6.
7.
8.
9.

## Instructions to Laboratory/Clin

MolQ 11856255

nformation

mbient ☐

| Sample / Vial Type | |
|---|---|
| Conta | |
| | |
| | |
| | |

Total No. of Vials/Container:

## Specimen Collection Informa

Date: 9/9/24 Ti

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 condition/disease information etc. as may be 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 leftover specimens in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose. Data 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 for any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana of the test requested.