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 Ashok Kumar ReferringDoctor Dr. Manoj Yadav Date 09/

Name _____ Date ofBirth 50 Sex: Male / Female

IPD No _____ CollectionCentre _____ Uhid No. 0169

ephone _____ RCC _____ (ifdifferent)

e of Specimen: Antrum

levant Clinical History:

Epigastric pain (+

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

e of Specimen:

[ ] Large [ ] Medium [✓] Small

Antral biopsy to R/O H. Pylori

[ ] Miscellaneous
[ ] IHCmarkers
[ ] SpecialStains
[ ] Microphotography

Histopath Slides / Blockforreview:

Fixation

[ ] Adequate [ ]
Inadequate

Docter's Sign

TEST REQUISITION FORM

MolQ LABORATORY

Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for correct

1.
2. HPE Small
3.
4. MolQ 11856256
5.
6.
7.
8.
9.

Patient Details

Name: Ashok kumar Last Name: 101691

50/M Gender: Male ☐ Female ☐

Address:

Contact No:

ID:

Ref By: Contact No:

Maternal Screening -Date of Birth:- ☐☐ ☐☐ ☐☐☐☐

____kg. Height: ____ft____Inches. LMP:____ Last Ultrasound Report

Instructions to Laboratory/Clinical

Billing Information

Name: Pushpanjali Rewari

Amount:

Received: Receipt No.:

Balance /Due:

Via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Specimen Information

MolQ 11856256

Temperature: ☐ Ambient ☐ Refrigerated

Sample / Vial Type	Vial
Contra	

Total No. of Vials/Container:

Specimen Type Received (For MolQ use only)

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

Sample Type/Source

Received Specimen Information (For MolQ use only)

Temperature: ☐ Ambient ☐ Refrigerated ☐ Frozen

Time:

No. of Vials/container:

1	2

Signature of Accessioning Officer(s)

Specimen Collection Information

Date: 9/9/24 Time:

Fasting: Yes ☐ No ☐

Collection by:

Urine Volume: ml

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 necessary 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 for research 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 publication or 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. The test requested