TEST REQUISITION FORM

OLQ® BORATORY

Unique Identifier

Details

Roshni Devi Last Name: 157809

63/F Gender: Male ☐ Female ☐

Contact No

Contact No

Screening -Date of Birth:- ☐☐ ☐☐ ☐☐☐☐

kg. Height: ft Inches. LMP Last Ultrasound Report

Information

Pushpanjali Rewari

Received: Receipt No:

Balance /Due:

Cash ☐ Cheque ☐ Credit ☐ ePlatform ☐

Test Name/Test Code

(Please refer to the Directory of Services for com

1.

2. HPE Small

3.

4. MolQ 11856243

5.

6.

7.

8.

9.

Instructions to Laboratory/Clinica

Send Specimen Information

Ambient ☐ R

MolQ 11856243

Vial Type	Vi
Conta	

Total No. of Vials/Container:

Specimen Type Received (For MolQ use only)

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

Sample Type/Source

Specimen Information (For MolQ use only)

Ambient ☐ Refrigerated ☐ Frozen ☐

Time:

No. of Vials/container:

1	2

Signature of Accessioning Officer(s)

Specimen Collection Informatio

Date: 10/9/24 Time

Fasting: Yes ☐ No ☐ Fa

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 re... 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 ... in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose... be used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulation specified as applicable at site. In the event of any pro... 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.

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 REQUISITIONFORM

atient Name Roshni Devi Referring Doctor Dr. Manoj Yadav Date 10

ame _____ Date of Birth 63 Sex: Male / F

D No _____ Collection Centre _____ Uhid No. 157

hone _____ RCC (if different) _____

of Specimen: Esophageal growth

vant Clinical History: _____

ional Clinical and Relevant Data: H/o Dysphag
ious Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

of Specimen:

☐ Large ☐ Medium ☑ Small

☐ Miscellaneous
☐ IHCmarkers
☐ SpecialStains
☐ Microphotograph

Esophageal growth biopsy to R/o malignancy

Histopath Slides / Blockforreview:

Fixation

☐ Adequate ☐ Inadequate