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.
5.
6.
7.
8.
9.

11856242

Details

Krishna Devi Last Name: 059098

59/F Gender: Male ☐ Female ☐

Contact No.

Contact No.

Screening -Date of Birth:- ☐☐ ☐☐ ☐☐☐☐

kg Height: ft Inches, LMP Last Ultrasound Report

Instructions to Laboratory/Clinica

nformation

Pushpanjali Rewar

Receipt No.:

Cash ☐ Cheque ☐ Credit ☐ ePlatform ☐

11856242

nformation

Ambient ☐

Sample / Vial Type	V
Conte	

Total No. of Vials/Container:

en 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

ved Specimen Information (For MolQ use only)

Specimen Collection Informa

ture Ambient ☐ Refrigerated ☐ Frozen ☐

Time:

No. of Vials/container:

Date: 10/9/24

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 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 specimen me 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 ma s. 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, Har of 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: U85110DL1987PTC20772

11856242 Lab No:

HISTOPATHOLOGY REQUISITIONFORM

nt Name Krishna devi ReferringDoctor Dr. Manoj Yadav Date

e Date ofBirth 59 Sex: Male / F

No- CollectionCentre Uhid No. 0

RCC (ifdifferent)

ne

Specimen: Antrum

nt Clinical History:

onal Clinical and Relevant Data:
ous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis: Epigastric pain

of Specimen:

Large Medium Small ✓

Miscellaneous
IHCmarkers
SpecialStains
Microphotog

Antral biopsy to R/o H. Pylori

Histopath Slides / Blockforreview:

Fixation

Adequate
Inadequate