

TEST REQUISITION FORM



Unique Identifier

Unique Identifier: _____

Test Name/Test Code

(Please refer to the Directory of Services)

1
2 HPE Small



Details

Rati Ram
64/M

Last Name: 081071

Gender: Male Female

Contact No: _____

Contact No: _____

Screening -Date of Birth:-

kg Height _____ ft _____ Inches, LMP: _____

Last Ultrasound Report: _____

Information

Pushpanjali Rawat

Received: _____ Receipt No.: _____

Payment Mode / Due: _____

Cash Cheque Credit ePlatform

Specimen Type Received (For MolQ use only)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Slide (H&E) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> Pus | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Specimen Type/Source: _____

Specimen Information (For MolQ use only)

Ambient Refrigerated Frozen

Time: _____

No. of Vials/container: _____

1

2

Signature of Accessioning Officer(s)

Instructions to Laboratory/Collector

Specimen Information



Sample / Vial Type

Control

Total No. of Vials/Containers: _____

Specimen Collection Information

Date: 12/9/24

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 condition/disease information etc. as may be extent applicable by laws and regulations. This information will be kept confidential and will not be made publicly available. Further, I authorize the use of the above information in the future. I agree to the access of my medical records and specimen for diagnostic and research purposes. Any information used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable by law. In the event of any test/service related complainers please contact MolQ Laboratory for resolution. In case of any dispute the arbitration will be held in Gurgaon, Haryana.



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



HISTO PATHOLOGY REQUISITION SLIP

Ref: Dr. Neeraj

Date: 11/11/19

Name: Mr. RATI RAM S/o: BEG RAJ

Age: 64y / M Sex: Male Address: Sec 4

HID - 081071, IPD - 24-05928 Admission No: 9983

Ref: ECHS



Specimen: Site:

Brief Relevant Clinical History

Resected specimen of

Brief Operative Note

Haem

Brief Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History:

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Exocervix / Post fornix. Lat Vag wall / endo Cervix



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E-mail : pushpanjallhospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Name : Ratnawati UHID No. : 081071 IPD No. : 5928
 Age : 64 / M Bed No. : 800 D.O.A. : 10/9/24 D.O.S. : 11/9/24

OPERATION THEATRE NOTES

Surgeon In-charge : Anesthetist :
 Assistant Surgeon : OT Technician :
 Staff : Type of Anaesthesia :
 Pre-operative Diagnosis : HAEMORRHOIDS
 Operative Diagnosis :
 Procedure Name : STAPLER HAEMORRHOIDECTOMY DONE
 Operation Started at : Operation Finished at : Duration :
 Instrument Count : Whome :

Operative Notes :

OT notes - 1. circumferential
proctored haemorrhoids
 2. pedicle ligated w/ vicryl-0
 3. Anal proctography done

Specimen Explained :
 Specimen Sent for histopathology (if any) :
 Immediate post-operative condition :

Surgeon's Signature : [Signature]
 Date & Time : (am / pm)
 OT-11