



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
Rajesh Pitol Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India  
Phone No +91-1274-263300, 260021

Email: pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Normal Singh

## HISTO PATHOLOGY REQUISITION SLIP

Date 11/01/24

Name Mr. Rajender Singh S/o Ranshankar  
Age 68 Yr Sex Male Address Partola  
Phone Admission No. 99925708

UHID-1575P7  
IPD - 06005



Specimen Site

Brief Relevant Clinical History

Brief Operative Note

TURP chips

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....LMP

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.

# TEST REQUISITION FORM



Unique Identifier

## Test Name/Test Code

(Please refer to the Directory of Services for code)

1 HPE Small



## Patient Details

Name: Rajender Singh Last Name: 157587  
Age: 66/M Gender: Male  Female

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Mobile ID: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Contact No: \_\_\_\_\_

Maternal Screening - Date of Birth: [ ][ ] [ ][ ] [ ][ ][ ][ ]

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ ft \_\_\_\_\_ inches LMP: \_\_\_\_\_  Last Ultrasound Report

## Instructions to Laboratory/Clinic

## Referring Information

Ref Name: Pushpanjali Rawai

Ref ID: \_\_\_\_\_

Ref Amount: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Amount Balance /Due: \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePlatform

## Specimen Information

Tr  Molq  Patient

Sample / Vial Type

Contar

## Specimen Type Received (For MolQ use only)

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum                  | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma EDTA/FLU/IT     | <input type="checkbox"/> FN Aspirate          | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> SST                    | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> BAL    |
| <input type="checkbox"/> W Blood EDTA           | <input type="checkbox"/> Paraffin Block       | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> W Blood Heparin        | <input type="checkbox"/> Slide (H&E)          | <input type="checkbox"/> Stool  |
| <input type="checkbox"/> W Blood Sodium Citrate | <input type="checkbox"/> Pus                  | <input type="checkbox"/> Swab   |
| <input type="checkbox"/> Semen                  | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Other Sample Type/Source

Total No. of Vials/Container: \_\_\_\_\_

## Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen

Time: \_\_\_\_\_

Ref ID: \_\_\_\_\_ No. of Vials/container: \_\_\_\_\_

## Specimen Collection Information

Date: 12/9/24 Time: \_\_\_\_\_

Fasting: Yes  No

Collection by: \_\_\_\_\_

Urine Volume: \_\_\_\_\_

1	2
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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 identification/insurance information etc. as may be required 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 software applications to any time in the future. I agree to the access of my medical records and laboratory for diagnostic and research purposes. The sample 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 research. For any inquiries related to this requisition, please contact MolQ Laboratory for resolution. In case of any doubts the consultation will be Head Office, Gurgaon. MolQ Lab is ISO 9001 of the test requisition.





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Patient Name : Mr. Rajender Singh UHID No. : 157587 IPD No. : 06005  
Age / Sex : 66 Y / M Bed No. : PJ140 D.O.A. : 11/9/24 D.O.S. : 11/9/24

## OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kamel Anesthetist : Dr. Mohit  
Assistant Surgeon : Dr. Yogesh OT Technician : SA  
OT Staff : ..... Type of Anaesthesia : SA  
Pre-Operative Diagnosis : BPE  
Post - Operative Diagnosis : "  
Procedure Name : TURP  
Operation Started at : ..... Operation Finished at : ..... Duration : .....  
Sponge Count : ..... Whome : .....

**Operative Notes :** Findings :- Grade III<sup>a</sup> obstructive Prostatomegaly

Procedure :- After P 2D of parts, IASP, Cystourethroscopy done. above mentioned findings are noted. Resection of Prostate done using monopolar resectoscope. TURP chips retrieved using Ellik's evacuator. Complete Hemostasis ensured. 3-Way zofor Foley's Catheterization done & NS Irrigation started.

Organ Exploded : .....  
Specimen Sent for histopathology (if any) : TURP chips  
Immediate post-operative condition : Good

Surgeon's Signature : [Signature]

Date & Time : 11/9/24 (am / pm)