



# 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



## HISTO PATHOLOGY REQUISITION SLIP

Ward: Dr. KAMAL SENAN

Date... 13/9

Name: Mrs. MEENA DEVI W/O UMED SENCY  
S/o

Age: 48 yrs Sex: female Address: Vill - SUDHRANA

UID = 149119, IPD-24-06080 Admission No. 7056

at - ECHS



Specimen..... Site.....

Relevant Clinical History

TURBST CAJPS

Operative Note

Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....

Pre-menopausal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Ex / Post fornix, Lat Vag wall / endo Cervix



Unique Identifier

# TEST REQUISITION FORM

## Test Name/Test Code

(Please refer to the Directory of Services for code)

1. \_\_\_\_\_  
2. HPE Small



3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_

## Instructions to Laboratory/Clinic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Send Specimen Information



Ambient  F

Sample / vial type \_\_\_\_\_ V

Contct


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

## Specimen Collection Information

Date: 14/9/24 Time: \_\_\_\_\_

Fasting: Yes  No  Fa

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

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

## Patient Details

Name: Meena Devi Last Name: 14919  
48/F Gender: Male  Female

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

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

Referred By: \_\_\_\_\_ Contact No. \_\_\_\_\_

Preventive Screening -Date of Birth:-

Weight: \_\_\_\_\_ kg. Height: \_\_\_\_\_ ft \_\_\_\_\_ Inches. LMP: \_\_\_\_\_  Last Ultrasound Report

## Payment Information

Name: Pushpanjali Rewari

Address: \_\_\_\_\_

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

Received: \_\_\_\_\_ Receipt No. \_\_\_\_\_

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

Payment via:  Cash  Cheque  Credit  ePlatform

## 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/FL/CIT     | <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 |

Sample Type/Source \_\_\_\_\_

## Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen

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

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

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 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. All the specimens 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 complaint, 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, Haryana. This is the last requested.

# MATRIKA HOSPITAL PVT. LTD.

CIN : U74993HR2018PTC074294

CH. RANBIR SINGH HUDA CHOWK, BAWAL ROAD, REWARI-123401 (HRY.)



Name:-MrsMeena Devi w/o Umed Singh

Age/ Sex: 48Yrs/F

Ref. by: Dr. Manisha Yadav

Date: 01-08-2024

## USG LOWER ABDOMEN - TVS

Uterus is Bulky and retroverted . Heterogeneous myometrium with multiple cystic area.No focal space occupying lesion is seen . Endometrium thickness is 6mm.

Cervix hypertrophied with multiple nabothian cyst .

B/L ovaries are well visualized and normal in size .

No adnexal mass is seen

Bladder wall is irregular and thick with echogenic urine s/o cystitis

Post residual urine volume less than 10ml .

IMPRESSION:- Adenomyotic uterus with chronic cervicitis .

Adv: Urine R/M & clinical correlation.

Dr. Manisha Yadav  
MD (Gynecologist)

PH. : 01274-261422, 221422  
E-mail : matrikahospitalpvtltd@gmail.com  
NOT VALID FOR MEDICO LEGAL PURPOSE



# 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

Patient Name : meena Devi UHID No. : 149119 IPD No. : 6080  
Age / Sex : 48 Y / F Bed No. : ..... D.O.A. 13/9/24 D.O.S. 13/9/24

## OPERATION THEATRE NOTES

Surgeon In-charge : Kamal Singh Anesthetist : A Mohit  
Assistant Surgeon : ..... OT Technician : .....  
OT Staff : R.A. Singh Type of Anaesthesia : G.A.  
Pre-Operative Diagnosis : .....  
Post - Operative Diagnosis : Bladder neck polyp  
Procedure Name : TURBT done  
Operation Started at : ..... Operation Finished at : ..... Duration : .....  
Sponge Count : ..... Whome : .....

### Operative Notes :

Bladder neck polyp  
TURBT done  
Send 2 HPC to  
Examine

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

Surgeon's Signature : [Signature]  
Date & Time : ..... (am / pm)