

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: U85110DL1987PTC201121

Lab No:

HISTOPATHOLOGY REQUISITION FORM

Patient Name Jailal Referring Doctor Dr. Manoj Yadav Date 13/
Name _____ Date of Birth 83 Sex: Male / Female
PD No _____ Collection Centre _____ Uhid No. 094
phone _____  11856196 RCC _____
(if different)

of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:

(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Size of Specimen:

Large Medium Small

Miscellaneous
 IHC markers
 Special Stains
 Microphotography

Antral biopsy to R/O
H. Pylori

Histopath Slides / Block for review:

Fixation

Adequate

Inadequate

TEST REQUISITION FORM



Unique Identifier

Unique Identifier: _____


Test Name/Test Code

(Please refer to the Directory of Services for use)

1. HPE Small

2. _____

3. _____

4. 

5. _____

6. _____

7. _____

8. _____

9. _____

Patient Details

Name: Jaijal Last Name: 094530

831M Gender: Male Female

Contact No: _____

Contact No: _____

Age: _____

Weight: _____ kg Height: _____ inches LMP: _____ Last Ultrasound Report

Instructions to Laboratory/Clinic

Payment Information

Name: Pushpanjali Revkar

Account: _____

Received: _____ Receipt No: _____

Balance /Due: _____

Payment via: Cash Cheque Credit ePlatform

Send Specimen Information



Ambient Refrigerated Frozen

Vial Type: _____

Container

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

Specimen Type/Source

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

No. of Vials/container: _____

1. _____

2. _____

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 14/9/24 Time: _____

Fasting: Yes No

Collection by: _____

Urine Volume: _____ ml

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 for 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 following specimens for use in the future. I agree to the access of my medical records and specimens for diagnostic and research purposes. Single 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 my publication. 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. The form is valid for 30 days from the date of collection.

PUSHPANJALI HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

Patient ID : UHID094530

Visit Date : 13/09/2024

Patient Name : JAILAL YADAV

Referred by : DR.JAGMAL SINGH

Age/Gender : 83Yrs, Male

Consulted by : Dr Manoj Yadav

UPPER GI ENDOSCOPY Report

Informed consent was obtained from the patient after explaining all the benefits and risks of the procedure which the patient appeared to understand and so stated. The patient was connected to the monitoring devices and placed in left lateral position. The Endoscope (Olympus GIF 170) was advanced under direct visualisation.

Premedication : Xylocaine spray LA

Esophagus : Diaphragmatic hiatus at 40 cm, pgf at 39 cm, z line at 39 cm

OG Junction : 39 Cm, Hills grade 3

Stomach :

Fundus : Normal

Body : Normal

Antrum : Erosive antral gastritis

Pylorus : Normal

Duodenum :

D1 : Normal

D2 : Normal

Biopsy : Taken from antrum

Impression : Erosive antral gastritis, RUT +ve



Dr Manoj Yadav
MBBS, MD (Gold medalist),
DM Gastroenterology

Captured by TPro - www.ambalsoft.com