

PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)


Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

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Lab No:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Satyapal Referring Doctor Dr. Manoj Yadav Date 13/09
Age 56 Date of Birth 56 Sex: Male / Female
IPD No. _____ Collection Centre _____ Uhid No. 153675
Phone _____  11856187 RCC _____
(if different)

Site of Specimen: Antenna

Relevant Clinical History:
Additional Clinical and Relevant Data: Epigastric pain
(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

Doctor's Signature

TEST REQUISITION FORM



Unique Identifier

Unique Identifier: _____

Test Name/Test Code

(Please refer to the Directory of Services for codes)

1. HPE Small

2. _____

3. _____

4.

5. _____

6. _____

7. _____

8. _____

9. _____

Details

Satya Pal Last Name: 153675

56/M Gender: Male Female

Contact No: _____

Contact No: _____

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

kg Height: _____ s Inches, LMP: _____ Last Ultrasound Report

Instructions to Laboratory/Clinical

Information

Pushpanjali Rawar

Received: _____ Receipt No.: _____

Price / Due: _____

Cash Cheque Credit ePlatform

Send Special Information

Contc

Type Received (For MolQ use only)

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

Specimen Information (For MolQ use only)

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 Fasting

Collection by: _____

Urine Volume: _____ ml

Signature of Accessioning Officer(s)

I authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my residential/business information etc. as may be necessary to provide services to me and my family. My personal information, including but not limited to my residential/business information etc. as may be necessary to provide services to me and my family, will be kept confidential and will not be made publicly available. Further, I authorize the use of the personal information for research purposes. I agree to the access of my medical records and specimens for diagnostic and research purposes. My personal information, including but not limited to my residential/business information etc. as may be necessary to provide services to me and my family, 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 subsequent change in my residential/business information, I shall notify MolQ Laboratory. For more information, please contact MolQ Laboratory. In case of any dispute the jurisdiction will be Head Office, Gurgaon, Haryana. The above information is provided for your information and is not intended to constitute an offer of any financial product or service. For more information, please contact MolQ Laboratory.

Patient ID : UHID153675

Visit Date : 13/09/2024

Patient Name : SATYAPAL

Referred by : Dr. Navdeep Yadav

Age/Gender : 56Yrs, 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 1

Stomach :

Fundus : Gastritis

Body : Gastritis

Antrum : Gastritis

Pylorus : Normal

Duodenum :

D1 : Normal

D2 : Normal

Biopsy : Taken from antrum

Impression : Pangastritis, RUT +ve



Dr. Manoj Yadav
MBBS, MD (Gold Medalist),
DM Gastroenterology