


TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for contact)

1
2 **HPE small**
3
4 
5
6
7
8
9

Patient Details


Name: **Nityanand Solm** Last Name: **15664**
Gender Male Female
Contact No: _____
By: _____ Contact No: _____
Email Screening -Date of Birth: [][] [][] [][][][]
kg Height _____ ft _____ Inches LMP: _____ Last Ultrasound Report

Instructions to Laboratory/Clinical

Information

Name: **Pushpanjali Rewar**
Account: _____
Received: _____ Receipt No.: _____
Balance /Due: _____
Via: Cash Cheque Credit ePlatform

Information

 Ambient Refrigerated

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"/> Tissue	<input type="checkbox"/> Tissue Formalin	<input type="checkbox"/> BAL
<input type="checkbox"/> Blood EDTA	<input type="checkbox"/> Paraffin Block	<input type="checkbox"/> Sputum
<input type="checkbox"/> Blood Fluoride	<input type="checkbox"/> Smear	<input type="checkbox"/> Urine
<input type="checkbox"/> Blood Heparin	<input type="checkbox"/> Slide (H&E)	<input type="checkbox"/> Stool
<input type="checkbox"/> 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 / Vial Type	Vial
Container	

Sample Type/Source

Total No. of Vials/Container: _____

Specimen Information (For MolQ use only)

Store Ambient Refrigerated Frozen
Time: _____
No. of Vials/container: _____

Specimen Collection Information

Date: **14/9/24** Time: _____
Fasting: Yes No Fasting
Collection by: _____
Urine Volume: _____ ml Hr

1 _____ 2 _____
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 demographics 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 specimens for diagnostic and research purpose. 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 submission or any test/service related complimentary please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The fee for the test requested.



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: U85110DL1987PTC207127



HISTO PATHOLOGY REQUISITION SLIP

Handwritten: *Hand* Date *13*

Name *M. Nityanand* S/o *Sardar Singh*

Age *47* Sex *M* Address *75 Jhagrali*

HID = *156664* Admission No. *9050814441*

06033

Barcode: Site

Relevant Clinical History

TUPP clips

Operative Note

clinically grade II

Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History

Pre Menopausal / Post Menopausal / Suspicious Lesion / Other

Specimen: *Smear, Lat Vag wall / endo Cervix*

Ref. Dr. *[Signature]*

PT'S NAME : NITYA NAND
AGE & SEX : 72M
REF BY DR: PUSHPANJALI HOSPITAL

ULTRASOUND REPORT

24 August 2024

Liver : enlarge in size measure 16.2cm with diffuse fatty infiltration .I/H biliary canaliculi & vascular system normal, no space occupying lesion seen in liver, portal vein normal in caliber .

GB : - partially contracted , wall not thickened, no pericholecystic fluid seen

CBD :- not dilated.

Pancreas : - normal in size, anatomy & echotexture.

Spleen :- normal.

Rt. kidney – measure 106x44mm,normal in size and echotexture , pelvicalyceal system normal, no evidence of hydronephrosis or calculus seen.

Lt. kidney – measure 110x50mm,normal in size and echotexture , pelvicalyceal system normal, no evidence of hydronephrosis or calculus seen.

UB :- catheterized , residual urine volume after declumping of catheter 80 cc

Prostate – enlarge in size measure 52x50x45mm with 63cc volume , normal in echotexture

Seminal vesicle normal in size and echotexture

Gut loops –normal in course & caliber showing peristalsis

No fluid in abdomen & pelvis at present .

Imp:-

Hepatomegaly with diffuse fatty infiltration [grade I]
Grade II/III prostatomegaly

Adv. please correlate clinically

Dr. Pawan Bhutani
M.D. Radio-Diagnosis]

Dr. Deepak Bangiya
MD [Radio-Diagnosis]
HMC NO.6820



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 : Mr Nitymend UHID No. : 156664 IPD No. : 06033
 Age / Sex : 80 M Bed No. : D.O.A. 12-9-24 D.O.S. 13-9-24

OPERATION THEATRE NOTES

Surgeon In-charge : Karnal Anesthetist : Dr. M. M.
 Assistant Surgeon : OT Technician :
 OT Staff : Rahul Type of Anaesthesia : GA
 Pre-Operative Diagnosis :
 Post - Operative Diagnosis : BPEC - obstruct LMS
 Procedure Name : Tump
 Operation Started at : Operation Finished at : Duration :
 Sponge Count : Whome :

Operative Notes :

epitome due grade II B
leostomy
Tump due antro stender
man
Hamsteris celuis
Irratis started
clean

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

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