



# TEST REQUISITION FORM

Unique Identifier


## Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)

1. \_\_\_\_\_

2. HPE Large

3. \_\_\_\_\_

4.  11934416

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

## Patient Details

First Name: Sushila Devi Last Name: 167750

Age: 44/F Gender: Male  Female

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

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

E-mail ID: \_\_\_\_\_

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

For Maternal Screening -Date of Birth:

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

## Instructions to Laboratory/Clinical Information

## Billing Information

Client Name: Pushpanjali Redari


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

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

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

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

Payment via:  Cash  Cheque  Credit  ePlatform

**S**  **Information**

Temp: \_\_\_\_\_  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
<u>Center</u>	

## 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/PLICIT     | <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: \_\_\_\_\_

## Received Specimen Information (For MolQ use only)

Temperature  Ambient  Refrigerated  Frozen

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

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

## Specimen Collection Information

Date: 7/2/25 Time: 2:30

Fasting: Yes  No  Fasting Period: \_\_\_\_\_ Hr

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

Urine Volume: \_\_\_\_\_ ml Hrs. \_\_\_\_\_

1

2

Signature of Accessioning Officer(s)

Date: \_\_\_\_\_ Patient/Client/Doctor's Signature: \_\_\_\_\_



# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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## HISTO PATHOLOGY REQUISITION SLIP

Consultant - Dr. KIRAN YADAV

Date 06/02/25

Name Mrs. Sushila Devi W/O Rampal

Age 44 Sex Female Address Buchawal Thagrabi

UHIID - 167750 Admission No. 8930646682

IPD - 11130 Mob.



Specimen..... Site Cervix - A/B

Brief Relevant Clinical History

Brief Operative Note

*at address b/c uterus or cervix  
CX Abnormal  
for HPE*

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....LMP / Any other

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....





Name Sushila Devi

Age/Sex 41/F

Ref by: Self

Date 02/12/2024

**ABDOMINO-PELVIC ULTRASOUND**

**LIVER & BILIARY TREE:** Liver is normal in size & echotexture, has a smooth contour. No focal lesion is seen. The hepatic veins and portal veins are normal in caliber. No e/o intra-hepatic or extra-hepatic biliary dilatation is seen.

**GALLBLADDER:** is physiologically distended. Wall thickness is normal and no calculi are seen.

**CBD** appears normal in outline and caliber.

**PANCREAS:** Visualized head & body appears normal. No pancreatic ductal dilatation or pancreatic calcification is visualized.

**RIGHT KIDNEY:** Normal in size, shape & position. The corticomedullary differentiation is maintained. No e/o any mass, calculi or hydronephrosis seen. Renal cortical thickness is within normal limits.

**LEFT KIDNEY:** Normal in size, shape & position. The corticomedullary differentiation is maintained. No e/o any mass, calculi or hydronephrosis seen. Renal cortical thickness is within normal limits.

**SPLEEN** is normal in echogenicity and size & no focal lesion is seen.

**URINARY BLADDER:** is moderately distended and appears grossly normal.

**UTERUS:** is anteverted bulky in size, measures 9.9x5.9x5.3cms. Myometrium shows normal echo-pattern. There is e/o multiple focal well defined round to oval shaped hypoechoic lesions likely fibroids as described.

A. ~ Anterior myometrium ( 13.7x12.5mm ) Intramural.

B. ~ Fundal Region ( 26.6x18.7mm ) Subserosal.

C. ~ Posterior myometrium ( 19.7x16.2mm ) Intramural.

D. ~ Right Lateral Wall ( 34.2x28.5mm ) Subserosal FIGO-5.

Endometrial thickness is 9.2mm. Cervix appears bulky measures 3.3cm (AP). B/L Adnexa clear.

No e/o free fluid is seen in the cul-de-sac.

**IMPRESSION:**

**Finding are s/o Bulky Uterus with Fibroids as described.**

Advice: Clinical, lab data correlation, further evaluation & follow-up if required.

**DR. KULVEER SINGH YADAV**

MBBS, MD (RADIOLOGY)

CONSULTANT RADIOLOGIST



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E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1967PTC207727

Patient Name: Mrs. SUSHRADEVI UHID No. : 157750 IPD No. : 24-11130  
Age / Sex: 44y / f Bed No. \_\_\_\_\_ D.O.A. 5/2/25 D.O.S. 5/2/25

## OPERATION THEATRE NOTES

Surgeon In-charge: Dr. Kedar Yadav Anesthetist: R. Mohit A  
Assistant Surgeon: \_\_\_\_\_ OT Technician: \_\_\_\_\_  
OT Staff: \_\_\_\_\_ Type of Anaesthesia: GA

Pre-Operative Diagnosis: \_\_\_\_\_  
Post - Operative Diagnosis: Fibroid uterus

Procedure Name: TUM & RS - I GA

Operation Started at: \_\_\_\_\_ Operation Finished at: \_\_\_\_\_ Duration: \_\_\_\_\_

Sponge Count: \_\_\_\_\_ Whome: \_\_\_\_\_

Operative Notes: pt laid in semi lithotomy position  
CVO. SRC put in. neckhead dilatation done  
pneumo created & veress needle pts 3 ecc ports  
TLC fibroscopy

- 1 Fundal fibroid (+)
- 2 RI subserosal fibroids (+)
- ovaries atrophic
- hr (+)

adhesions structures divided & pts in that order

- OK IP ligaments
- OK Round ligaments
- OK Ith. arties

Organ Explored: \_\_\_\_\_

Specimen Sent for histopathology (if any): OK OS & MR by

Immediate post-operative condition: Hemostasis complete  
exy pt dnded  
Specimen Recvd  
Wound closed

Surgeon's Signature: [Signature]

Date & Time: \_\_\_\_\_ (am / pm)