

TEST REQUISITION FORM



Unique Identifier

Patient Details

First Name: Sunder Lal Last Name: 153832
 Age: 55/M 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

Billing Information

Client Name: Preshparjali Rawari
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No.: _____
 Amount 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"/> CSP |
| <input type="checkbox"/> Plasma EDTA/FLCIT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SGT | <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&C) | <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

Received Specimen Information (For MolQ use only)

Temperature Ambient Refrigerated Frozen
 Date: _____ Time: _____
 Patient ID: _____ No. of Vials/container: _____

Signature of Accessioning Officer(s)

Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)
 1. _____
 2. HPE Small
 3. _____
 4. 11934421
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____

Instructions to Laboratory/Clinical Information

Specimen Information

Ambient Refrigerated Frozen
 Sample ID: 11934421
 Vial ID Barcode
Center

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 7/2/25 Time: 10:30
 Fasting: Yes No Fasting Period: _____ Hrs.
 Collection by: _____
 Urine Volume: _____ ml Hrs. _____

Date: _____ Patient/Client/Doctor's Signature: _____



PUSHPANJALI HOSPITAL



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IPD 153832

Lab No: [] [] [] [] [] [] [] [] [] []

HISTOPATHOLOGY REQUISITION FORM

Sunder Lal

Patient Name _____

Referring Doctor Dr. Manoj Yadav

Date 06/02/15

Name _____

Date of Birth 55

Sex: Male / Female

IPD No _____

Collection Centre _____

Uhid No. 153832

FPO

Telephone _____



RCC _____
(if different)

Site of Specimen:

Lower rectum

Relevant Clinical History:

Additional Clinical and Relevant Data:

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

(Colonoscopy)
Lower rectal erosion

(+)

Type of Specimen:

Large Medium Small

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Lower rectum biopsy to R/O IBD

Histopath Slides / Block for review:

(Ulcerative colitis)

Fixation

Adequate

Inadequate

Dr. Manoj Yadav
MBBS, MD (Gold Medalist)
DM Gastroenterology
Reg. No. RA-12057
Pushpanjali Hospital, Rewari

Doctor's Signature's

PUSHPANJALI HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

Patient ID : UHID153832G

Visit Date : 06/02/2025

Patient Name : SUNDER LAL

Referred by : Dr. Manoj Yadav

Age/Gender : 55Yrs, Male

Consulted by : Dr Manoj Yadav

COLONOSCOPY

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. The Colonoscope (CF-H170L) was advanced under direct visualisation.



Premedication : Coloprep

P/R : Nil

Preparation : BBPS: 6/9

Anal Canal : Internal hemorrhoids



Rectum : Erosions seen in lower rectum with line of demarcation seen between healthy and inflamed mucosa seen at 5 cm above anal verge

Sigmoid Colon : Diminutive sessile polyp seen



Descending Colon : Normal

Splenic Flexure : Normal

Transverse Colon : Normal

Hepatic Flexure : Normal



Ascending Colon : Normal

Caecum : Normal

IC Valve : Normal

Terminal ileum : Normal



Biopsy : Taken from Lower rectum

Impression : Internal hemorrhoids, Erosions seen in lower rectum with line of demarcation seen between healthy and inflamed mucosa seen at 5 cm above anal verge, Diminutive sessile polyp seen in sigmoid colon

