



## TEST REQUISITION FORM



Unique Identifier

Unique Identifier field

### Patient Details

First Name: Dhan Devi Last Name: 168008  
 Age: 67/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 Menstrual Period

### Billing Information

Client Name: Pushpanjali 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"/> CSF    |
| <input type="checkbox"/> Plasma EDTA/PLCIT      | <input type="checkbox"/> FN Aspirate          | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> SST                    | <input type="checkbox"/> Tissue Formals       | <input type="checkbox"/> BIL    |
| <input type="checkbox"/> W Blood EDTA           | <input type="checkbox"/> Papain/ Blood        | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W Blood Plasma         | <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

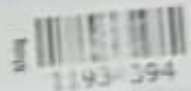
### Received Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Patient ID: \_\_\_\_\_ No. of Vials/Container: \_\_\_\_\_

Signature of Accessing 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.  \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_  
 9. \_\_\_\_\_

### Instructions to Laboratory/Clinical Information

\_\_\_\_\_

### Information

 Item  Refrigerated  Frozen

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

Total No. of Vials/Container: \_\_\_\_\_

### Specimen Collection Information

Date: 13/2/25 Time: 10:30  
 Fasting: Yes  No  Fasting Period: \_\_\_\_\_ min.  
 Collection by: \_\_\_\_\_  
 Urine Volume: \_\_\_\_\_ ml Yes \_\_\_\_\_

Pushpanjali Hospital is an ISO 9001:2015 certified organization. All services provided are subject to the availability of resources. The hospital is not responsible for any delay in the delivery of services. The hospital is not responsible for any damage to the specimens. The hospital is not responsible for any loss of specimens. The hospital is not responsible for any error in the results. The hospital is not responsible for any error in the diagnosis. The hospital is not responsible for any error in the treatment. The hospital is not responsible for any error in the outcome. The hospital is not responsible for any error in the patient's health. The hospital is not responsible for any error in the patient's life.

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# PUSHPANJALI HOSPITAL



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## HISTO PATHOLOGY REQUISITION SLIP

Dr Kishan Yadav

Date 12-2-25

Name Mrs Dham Devi 18/10 Ashok Kumar

Age 67y Sex F Address Tapri

UHD = 168008 Admission No 8432739487  
11321



Specimen Site

Brief Relevant Clinical History

Brief Operative Note

Wt ex for HPE  
*[Signature]*

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menoposal / Suspicious Lession / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....