



PUSHPANJALI HOSPITAL

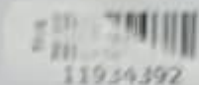


(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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Lab No.

HISTOPATHOLOGY REQUISITION FORM

Patient Name SARDAR SINGH Referring Doctor Dr. Manoj Yadav Date 12/02/25
 Name _____ Date of Birth 76 Sex: Male / Female
 IPD No _____ Collection Centre _____ Unit No. 168483 1-P.D

Telephone _____

RCC _____
(Address)

Site of Specimen: Antrum

Relevant Clinical History:

Epigastric pain

Additional Clinical and Relevant Data:
(Previous Biopsy/ FNAC/X-ray etc.) Clinical Diagnosis:

Type 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's

[Signature]
Dr. Manoj Yadav
MBBS, DNB (Gastroenterology)
FRCGS (Gastroenterology)
FRCGS (Gastroenterology)



PUSHPANJALI HOSPITAL

A Unit of Pushpanjali Medicines Pvt. Ltd.



TEST REQUISITION FORM



Unique Identifier

[Blank box for Unique Identifier]

Patient Details

First Name: Sardar Singh Last Name: 168483
 Age: 76.1m Gender: Male Female
 Address: _____
 Contact No: _____
 E-mail ID: _____
 Referred By: _____ Contact No: _____
 For Maternal Screening - Date of Birth: [][] [][] [][] [][] [][] [][]
 Weight: _____ kg Height: _____ ft _____ inch LMP: _____ Last Menstrual Report

Billing Information

Client Name: Pushpanjali Retail
 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/FLCIT	<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"/> Swabs	<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"/> Pua	<input type="checkbox"/> Sweat
<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: _____

1	2
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Signature of Accessing Officer(s)

Test Name/Test Code

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

1 _____
 2 HPE Small
 3 _____
 4  _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____

Instructions to Laboratory/Clinical Information

[Blank lines for instructions]

Specimen Information

Temperature: Ambient Refrigerated Frozen

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

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 13/2/25 Time: 7:30
 Fasting: Yes No Fasting Period: _____ Hr

Collection by: _____
 Urine Volume: _____ ml Hrs: _____

Consent - I hereby authorize MOLQ Laboratory to use any state with, without, any personal information including but not limited to my administrative information etc. and may be necessary to perform the test or services etc. in compliance with the consent agreement by you and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the patient information for diagnostic and research purposes. The sample used for research will be either in anonymized form, and will be discarded as per the policy and regulation specified in application form. In the event of any contribution by MOLQ Laboratory, Patient's identity will be confidential. For any confidential related sample/containers please contact MOLQ Laboratory for collection. In case of any doubts the information will be shared with Pushpanjali Hospital. The doctor's copy of interpretation of test will be sent to the patient.

Terms - It is hereby confirmed that all rights reserved by the test kit and software provided with this kit are the property of the test kit manufacturer and shall not be used for any other purpose without the prior written consent of the test kit manufacturer. The test kit and software provided with this kit are the property of the test kit manufacturer and shall not be used for any other purpose without the prior written consent of the test kit manufacturer. The test kit and software provided with this kit are the property of the test kit manufacturer and shall not be used for any other purpose without the prior written consent of the test kit manufacturer.

Patient ID : UHID168483

Visit Date : 12/02/2025

Patient Name : SARDAR SINGH

Referred by : Dr. Manoj Yadav

Age/Gender : 76Yrs, 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 45 cm, pgf at 41 cm, z line at 41 cm

OG Junction : 41 Cm, Hiatus hernia (Hills grade 3)

Stomach :

Fundus : Normal

Body : Normal

Antrum : Gastritis

Pylorus : Normal

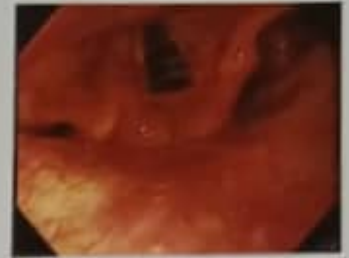
Duodenum :

D1 : Normal

D2 : Diverticulum seen on median wall

Biopsy : Taken from antrum

Impression : Hiatus hernia (Hills grade 3), Antral gastritis, RUT +ve, Diverticulum seen on median wall of D2



Dr Manoj Yadav
Dr Manoj Yadav