TEST REQUISITION FORM

MOLQ LABORATORY

Unique Identifier

Patient Details

First Name: Bimla Devi Last Name: 146961

Age: 68/F Gender : Male ☐ Female ☑

Address:

Contact No

E-mail ID:

Referred By: Contact No.

For Maternal Screening -Date of Birth:- ☐☐ ☐☐ ☐☐☐☐

Weight: kg. Height: ft Inches, LMP Last Ultrasound Report

Billing Information

Client Name: Pushpanjali Rewari

Client ID:

Total Amount

Amount Received: Receipt No.:

Amount Balance /Due:

Payment via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Test Name/Test Code

(Please refer to the Directory of Services for correct name and spe

1.
2. HPE Small
3. Molq 11934364
4.
5.
6.
7.
8.
9.

Instructions to Laboratory/Clinical Information

Sample Information

Molq 11934364

☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
Conta	

Total No. of Vials/Container:

Specimen Type Received (For MolQ use only)

☐ Serum	☐ Bone Marrow	☐ CSF
☐ Plasma: EDTA/FL/CIT	☐ FN Aspirate	☐ Fluid
☐ SST	☐ Tissue Formalin	☐ BAL
☐ W.Blood EDTA	☐ Paraffin Block	☐ Sputum
☐ W Blood Fluoride	☐ Smear	☐ Urine
☐ W Blood Heparin	☐ Slide (H&E)	☐ Stool
☐ W. Blood Sodium Citrate	☐ Pus	☐ Swab
☐ Semen	☐ Blood Culture Bottle	☐ 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

Signature of Accessioning Officer(s)

Specimen Collection Information

Date: 14/2/25 Time: 10:30

Fasting: Yes ☐ No ☐ Fasting Period: Hrs.

Collection by:

Urine Volume: ml Hrs.

Patient Consent : I hereby authorize MolQ Laboratory to use and share with affiliates, my personal information including but not limited to my condition/disease information etc. as may be necessary to perform the test or services etc. Medic records/information 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 immediate research and in future research of an kind and at any time in the future. I agree to the access of my medical records and specimen for diagnostic and research purpose.

Disclaimer: The sample 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 publication by MolQ Laboratory, Patient's Identity will remain confidential. For any test/service related complaint/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Gurugram, Haryana. The financial liability or compensation of any so not more than MRP of the test requested.

Date Patient/Client/Doctor's Signatu

For any query reach us at contact@molq.in; Customer cure 9999 778 778; Laboratory 0124-4307906

For more info Log on to : www.molq.in

PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
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Phone No +91-1274-263300, 260021
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

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

11934364

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Sunita devi | ReferringDoctor Dr. Manoj Yadav | Date 13/02/25

Name _____ | Date ofBirth 68 | Sex: Male / Female | OPD

IPD No---------- | CollectionCentre _____ | Uhid No. 146961

Telephone _____ | RCC (ifdifferent) _____

Site of Specimen: Antrum

Relevant Clinical History:

Bhagyashri Pawar

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

Type of Specimen:

[ ] Large [ ] Medium [✓] Small

Antral biopsy to R/o H. Pylori

[ ] Miscellaneous
[ ] IHCmarkers
[ ] SpecialStains
[ ] Microphotography

Histopath Slides / Blockforreview:

Fixation

[ ] Adequate [ ]

Inadequate

Dr. Manoj Yadav
MBBS MD (Gold Medalist)
DM Gastroenterology
Reg. No. HN 17067
Pushpanjali Hospital, Rewari

Docter's Signature's

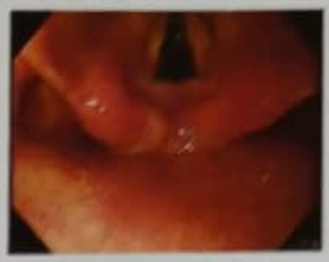
PUSHPANJALI HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

Patient ID	: UHID 146961	**Visit Date**	: 13/02/2025
Patient Name	: BIMLA DEVI	**Referred by**	: Dr. Manoj Yadav
Age/Gender	: 68Yrs, Female	**Consulted by**	: Dr Manoj Yadav

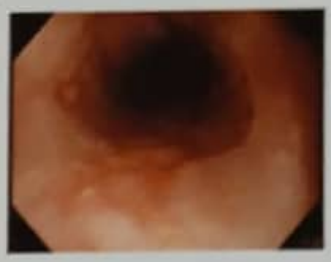
UPPER GI ENDOSCOPY Report



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 : LA Grade B Esophagitis, Diaphragmatic hiatus at 35 cm, pgf at 34 cm, z line at 34 cm

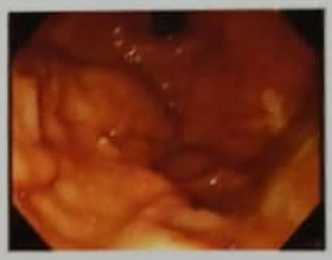


OG Junction : 34 Cm, Hills grade 1

Stomach :

Fundus : Normal

Body : Normal, Food residues seen



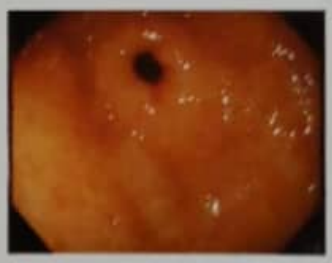
Antrum : Erosive antral gastritis

Pylorus : Normal

Duodenum :

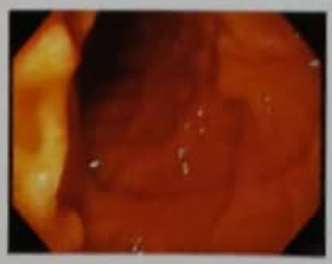
D1 : Normal

D2 : Normal



Biopsy : Taken from antrum

Impression : Erosive Esophagogastritis, RUT +ve



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