PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India
Phone No +91-1274-263300, 260021
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

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

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Tekchand — Referring Doctor Dr. Manoj Yadav — Date 13/02/25

Name _____ — Date of Birth 74 — Sex: Male / Female — OPD

IPD No _____ — Collection Centre _____ — Uhid No. 152068

Telephone _____ — 11934365 — RCC (if different) _____

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
- [x] Small

Antral biopsy to R/o H. Pylori

Histopath Slides / Blockforreview:

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

Fixation

- [ ] Adequate
- [ ] Inadequate

Dr. Manoj Yadav
MBBS, MD (G...
DM Gastroente...
Reg. No. HN 1...
Pushpanjali Ho... ...wari

Docter's Signature's

PUSHPANJALI HOSPITAL

MOLQ LABORATORY

TEST REQUISITION FORM

Unique Identifier

Patient Details

First Name: Tekchand Last Name: 15268

Age: 74/M 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

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)

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.

MolQ 11934365

Instructions to Laboratory/Clinical Information

Formation

MolQ 11934365

Te bient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
Conter	

Total No. of Vials/Container:

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. Medical 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 any kind and at any time in the future. I agree to the access of my medical records and specimen for diagnostic and research purposes.

Disclaimer: The sample used for research will be coded to maintain confidentiality and will be discarded as per the rules and regulations 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 sort is not more than MRP of the test requested.

Date

Patient/Client/Doctor's Signature

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

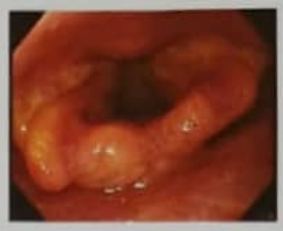
PUSHPANJALI HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

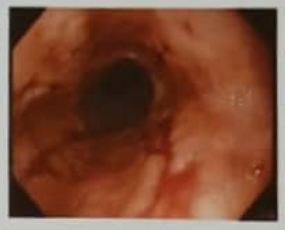
Patient ID	: UHID152068	**Visit Date**	: 13/02/2025
Patient Name	: TEKCHAND	**Referred by**	: Dr. Navdeep Yadav
Age/Gender	: 74Yrs, Male	**Consulted by**	: Dr Manoj Yadav

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



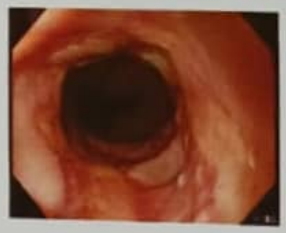
Esophagus : LA Grade C Esophagitis, Diaphragmatic hiatus at 41 cm, pgf at 38 cm, z line at 38 cm

OG Junction : 38 Cm, Hiatus hernia (Hills grade 3)

Stomach :

Fundus : Normal

Body : Normal

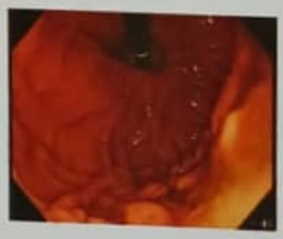


Antrum : Erosive antral gastritis

Pylorus : Normal

Duodenum :

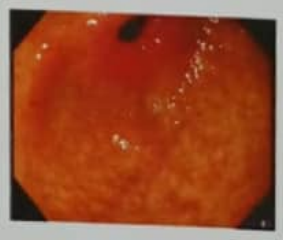
D1 : Normal

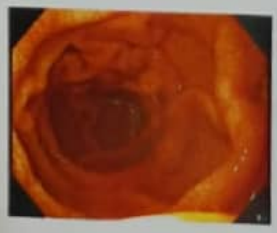


D2 : Normal

Biopsy : Taken from antrum

Impression : Hiatus hernia (Hills grade 3), Erosive Esophagogastritis, RUT +ve





Dr Manoj Yadav
MBBS, MD (Gold medalist),
DM Gastroenterology