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

Dr. Neeraj

HISTO PATHOLOGY REQUISITION SLIP

Date 13/2/25

Name Mrs Ram Devi W/o Ramavtar

Age 57 Y Sex female Address Tarady

Admission No 9050615363

UHID - 168747

IPD - 11382

Mob.

Specimen Molq 11934360 Site

Brief Relevant Clinical History

Gall Bladder

Brief Operative Note

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menoposal / Suspicious Lession / Other

ite of Sample

ervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.....

MOLQ® LABORATORY

TEST REQUISITION FORM

Unique Identifier

Patient Details

First Name: Prem Devi   Last Name: 168747

Age: 57/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

Test Name/Test Code

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

1. ____________________
2. HPE small
3. ____________________
4. ____________________ Molq 11934360
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________

Billing Information

Client Name: Pushpanjali Rewari

Client ID: ____________________

Total Amount ____________________

Amount Received: ____________ Receipt No.: ____________

Amount Balance /Due: ____________________

Payment via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Instructions to Laboratory/Clinical Information

____

Information

Molq 11934360

☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
Contr	

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. 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 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 nay publication by MolQ Laboratory. Patient's Identify 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.

रोगी सहमति : [illegible]

स्वीकृति : [illegible]

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