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 Urmila devi Referring Doctor Dr. Manoj Yadav Date 15/02/25

Name _____ Date of Birth 59 Sex: Male / Female

IPD No ---------- Collection Centre _____ Uhid No. 000773 O.P.D

Telephone _____ 11934339 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 ☑ Small

Antral biopsy to Rlo 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 Signat

TEST REQUISITION FORM

MOLQ LABORATORY

Unique Identifier

Patient Details

First Name: Urmila Devi Last Name: 0007773

Age: 5a/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 Resort

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 specimen type)

1.
2. HPE Small
3. 11934339
4.
5.
6.
7.
8.
9.

Instructions to Laboratory/Clinical Information

Send Specimen Information

T… ☐ Ambient ☐ Refrigerated ☐ Froz…

11934339

… Type	Vial ID Barcode
Conter	

Total No. of Vials/Container:

Specimen Type Received (For MolQ use only)

- ☐ Serum
- ☐ Plasma: EDTA/FL/CIT
- ☐ SST
- ☐ W.Blood EDTA
- ☐ W Blood Fluoride
- ☐ W Blood Heparin
- ☐ W. Blood Sodium Citrate
- ☐ Semen
- ☐ Bone Marrow
- ☐ FN Aspirate
- ☐ Tissue Formalin
- ☐ Paraffin Block
- ☐ Smear
- ☐ Slide (H&E)
- ☐ Pus
- ☐ Blood Culture Bottle
- ☐ CSF
- ☐ Fluid
- ☐ BAL
- ☐ Sputum
- ☐ Urine
- ☐ Stool
- ☐ Swab
- ☐ 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: 16/2/25 Time: 2:06

Fasting: Yes ☐ No ☐ Fasting Period:

Collection by:

Urine Volume: ml Hrs.

PUSHPANJALI HOSPITAL

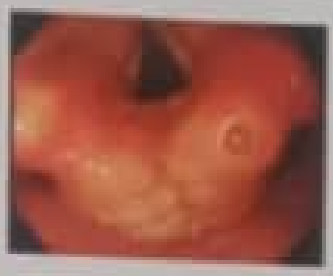
RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

Patient ID	: UHID 009773		
Patient Name	: URMILA DEVI	**Visit Date**	: 15/02/2025
Age/Gender	: 59Yrs, Female	**Referred by**	: Dr. Manoj Yadav
		Consulted by	: Dr Manoj Yadav

UPPER GI ENDOSCOPY Report

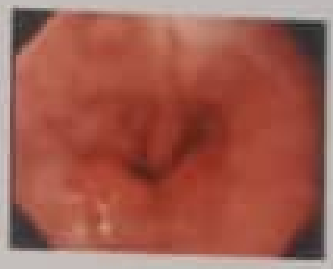
Informed consent was obtained from the patient after explaining all the benefits and risks of the procedure which the patient appeared to understand and so stated. The patient was connected to the monitoring devices and placed in left lateral position. The Endoscope (Olympus GIF 170) was advanced under direct visualization.



Premedication : Xylocaine spray LA

Esophagus : Diaphragmatic hiatus at 38 cm, pgf at 37 cm, z line at 37 cm

OG Junction : 37 Cm. Hills grade 1

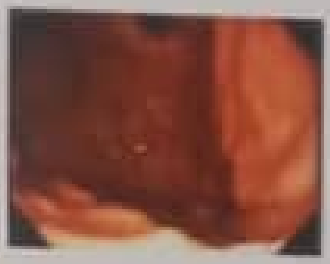


Stomach :

Fundus : Normal

Body : Normal

Antrum : Erosive antral gastritis



Pylorus : Normal

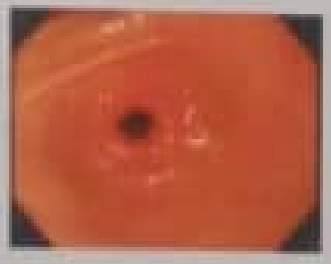
Duodenum :

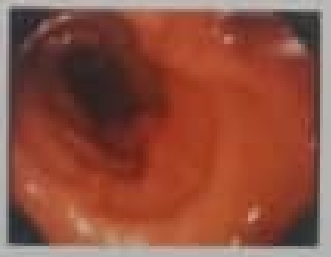
D1 : Normal

D2 : Normal

Biopsy : Taken from antrum

Impression : Erosive antral gastritis, RUT +ve





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