Unique Identifier

TEST REQUISITION FORM

Patient Details

First Name: NAURANGLAL Last Name: 169017

Age: 68 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
3. SMALL
4.
5.
6.
7.
8.
9.

Billing Information

Client Name: PUSHPANJALI HOSPITAL

Client ID:

Total Amount

Amount Received: Receipt No.:

Amount Balance /Due:

Payment via: ☐ Cash ☐ Cheque ☐ Credit ☐ ePlatform

Instructions to Laboratory/Clinical Information

Send Specimen Information

Temperature : ☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
CONTER	Molq 11934328

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: 17/02/2025 Time: 4:00PM

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. In the event of nay publication by MolQ Laboratory, Petient's Identify will remain confidential.

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. 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.

[illegible]

Date Patient/Client/Doctor's Signature

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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:

HISTOPATHOLOGY REQUISITIONFORM

Patient Name Nawrang lal
Name
IPD No------------------------
Telephone

ReferringDoctor Dr. Manoj Yadav
Date ofBirth 68
CollectionCentre

Date 17/02/25
Sex: Male / Female
Uhid No.- 169017 IPD

RCC
(ifdifferent)

Site of Specimen:→ Rectum

Relevant Clinical History:

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

Type of Specimen:

☐ Large ☐ Medium ☑ Small

Rectal biopsy to R/o (? Infective colitis) ?? IBD

☐ Miscellaneous
☐ IHCmarkers
☐ SpecialStains
☐ Microphotography

Histopath Slides / Blockforrewiew:

Fixation

☐ Adequate ☐
Inadequate

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

Docter's Signature's

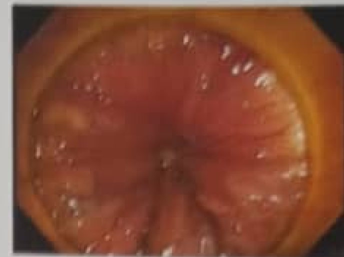
PUSHPANJALI HOSPITAL

RAJESH PILOT CHOWK, GARHI BOLNI ROAD, REWARI

GASTROENTEROLOGY

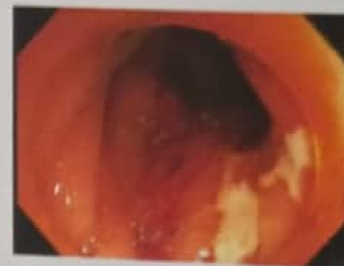
Patient ID	: UHID169017	**Visit Date**	: 17/02/2025
Patient Name	: NAURANG LAL	**Referred by**	: Dr. Manoj Yadav
Age/Gender	: 68Yrs, Male	**Consulted by**	: Dr Manoj Yadav

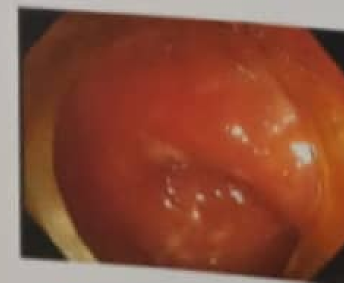
SIGMOIDOSCOPY

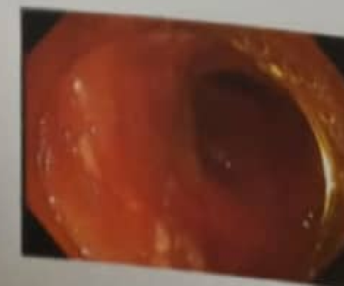


Informed consent was obtained from the patient after explaining all the benefits and risks of the procedure which the patient appeared to understand and so stated. The patient was connected to the monitoring devices and placed in left lateral position. The Endoscope (CF-H170L) was advanced under direct visualisation.

Premedication	:	Lactulose enema
P/R	:	Mild pain
Preparation	:	Adequate
Anal Canal	:	Few ulcers in upper anal canal, Internal hemorrhoids
Rectum	:	Multiple superficial ulcers, no spontaneous bleeding
Recto Sigmoid	:	Multiple superficial ulcers, no spontaneous bleeding
Sigmoid Colon	:	Multiple superficial ulcers, no spontaneous bleeding
Biopsy	:	Taken from rectum
Impression	:	? Infective colitis, Internal hemorrhoids







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