



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: UB5110DL1987PTC207727



HISTO PATHOLOGY REQUISITION SLIP

Dr Kiran Yadav

Date 18-2-25

Name Mrs. Sarmita Yadav Lab. Karampal Yadav

Age 46 Y Sex F Address H No 77P Soami Bihari

UHID = 168809 Admission No. 94682 90146

11498

Specimen Site

Brief Relevant Clr



11934322

Big mass uterus + ex B/c lusc

Brief Operative



11934321

2. Ligame from anterior abd

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History LMP /

Normal / Post Menoposal / Suspicious Lesson / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr.



TEST REQUISITION FORM



Unique Identifier

Test Name/Test Code

(Please refer to the Directory of Services for details)



HPELarge - 1

Patient Details

Name: Sunil Yadav Last Name: 168809
4617 Gender: Male Female

Contact No. _____

By: _____ Contact No. _____

Age: _____ Date of Birth:

Weight: _____ kg, Height: _____ inches, LMP: _____ Last Menstruation Present

Referring Information

Name: Pushpanjali Revari

Address: _____

Received: _____ Receipt No. _____

Balance / Due: _____

Payment: Cash Cheque Credit ePlatform

Specimen Type Received (For MolQ use only)

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> Serum EDTA/FLCIT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> EDT | <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> Blood EDTA | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Blood Fluoride | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Blood Heparin | <input type="checkbox"/> Slide (H&E) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> Blood Sodium Citrate | <input type="checkbox"/> Pus | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Sample Type/Source: _____

Specimen Information (For MolQ use only)

Storage: Ambient Refrigerated Frozen

Time: _____

No. of Vials/Container: _____

1

2

Signature of Accessioning Officer(s)

Instructions to Laboratory/Clinician

Specimen Information

Barcode:

Sample / Vial Type

Container

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 19/2/25

Fasting: Yes No

Collection by: _____

Urine Volume: _____





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

Patient Name: Mr. Sanjay UHID No. 168809 IPD No. 12498

Age / Sex: 46 yf Bed No. _____ D.O.A 17-2-25 D.O.S 18-2-25

OPERATION THEATRE NOTES

Surgeon In-charge: Dr. Neeraj Anesthetist: Dr. Mohit

Assistant Surgeon: _____ OT Technician: Rakesh

OT Staff: _____ Type of Anaesthesia: _____

Pre-Operative Diagnosis: LIPOMA OVER (L) UPPER ABDOMINAL ANTERIOR WALL

Post - Operative Diagnosis: _____

Procedure Name: EXCISION DONE

Operation Started at: _____ Operation Finished at: _____ Duration: _____

Sponge Count: _____ Whome: _____

Operative Notes :

OT Pays - Approx. 1.1 cm lipomatous lesion excised from (L) upper anterior abdominal wall from left upper quadrant

Organ Explored: _____

Specimen Sent for histopathology (if any): Lipom

Immediate post-operative condition: _____

Surgeon's Signature: _____

Date & Time: _____ (am / pm)