

TEST REQUISITION FORM



Unique Identifier



11934320

Patient Details

Name: Subhanta Devi Last Name: 098669
40/F Gender: Male Female

Contact No: _____

ID: _____

Ref By: _____ Contact No: _____

Internal Screening - (Date of Birth): [][] [][] [][][][]

Weight: _____ kg Height: _____ m _____ inches LSR: _____ Use Different Name

Referring Information

Name: Pushpanjali Revaru

ID: _____

Amount: _____

Received: _____ Receipt No: _____

Balance / Due: _____

Payment via: Cash Cheque Credit eFundam

Specimen Type Received (For MolQ use only)

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSF |
| <input type="checkbox"/> Plasma EDTA/PLCIT | <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Fluid |
| <input type="checkbox"/> SST | <input type="checkbox"/> Tissue Formalin | <input type="checkbox"/> BAL |
| <input type="checkbox"/> W.Based EDTA | <input type="checkbox"/> Paraffin Block | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W. Based Fluoride | <input type="checkbox"/> Smear | <input type="checkbox"/> Urine |
| <input type="checkbox"/> W. Based Heparin | <input type="checkbox"/> Slide (MSE) | <input type="checkbox"/> Stool |
| <input type="checkbox"/> W. Based Sodium Citrate | <input type="checkbox"/> Wax | <input type="checkbox"/> Swab |
| <input type="checkbox"/> Smear | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Sample Type/Source: _____

Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen

Time: _____

ID: _____ No. of Vials/Container: _____

1 _____ 2 _____

Signature of Accessioning Officer(s)

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Instructions to Laboratory/Clinical Int

Specimen Information

Barcode 11934320

Sample / Vial Type

Conte

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 19/2/25 Time: _____

Fasting: Yes No Fasting

Collection by: _____

Urine Volume: _____ ml



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)
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E-mail: pushpanjalihospitalrowan@gmail.com, CIN: U69119DL1987PPLC2057127

Kiran Yadav

HISTO PATHOLOGY REQUISITION SLIP

Mr. Mrs. Subhanta Devi ^{W/O} Sunder Lal Date: 18/12/20
407 Sex Female Address: Khundara

PHO - 098669
ADP - 11552
Admission No: 9916140769



Relevant Clinical History

Left salpingectomy
100 Salpinx Bi
for HPE

Operative Note

Relevant Special Investigation

[Signature]

CYTOLOGY REQUISITION SLIP

Cytology Pap smear

Clinical Finding and History

Pre-menopausal / Post-Menopausal / Suspicious Lesion / Other

Site of Sample

Pre / Post Iontox, Lat Vag wall / endo Cervix

Ref. Dr.



PUSHPANJALI HOSPITAL



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Phone No +91-1274-263300, 260021

Email : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

11552

Patient Name : Subrata Devi UHID No. : 098669 IPD No. : _____

Age / Sex : 40/F Bed No. : 787 D.O.A : 18/2/25 D.O.S : 18/2/25

OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Krunal Yadav Anesthetist : D. Mohit

Assistant Surgeon : _____ OT Technician : Rakesh

OT Staff : _____ Type of Anaesthesia : GA

Pre-Operative Diagnosis : _____

Post - Operative Diagnosis : Left tubal ectopic unruptured

Procedure Name : Laparoscopic left salpingectomy & GA

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

Sponge Count : _____ Whome : _____

Operative Notes :

pt laid supine GA Pad cleaned & draped. OR set up. Veress needle put in flb TEC. flb 2 accessory ports. ut bulky Rt base @ o/c ovaries @ left tubal ectopic (+)
Left salpingectomy done
Peritoneal lysis done
Tubal specimen removed for HPS
Ports Removed
Hemostasis complete

Organ Explored : _____

Specimen Sent for histopathology (if any) : _____ procedure well

Immediate post-operative condition : P84/

BP-110/70

SRE 2000

Surgeon's Signature : [Signature]

Date & Time : 18/2/25 (am / pm)