



Unique Identifier

# TEST REQUISITION FORM

## Patient Details

First Name: Kanta Devi -3 Last Name: \_\_\_\_\_  
 Age: 59/F Gender: Male  Female   
 Address: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 E-mail ID: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ Contact No: \_\_\_\_\_  
 For Maternal Screening -Date of Birth-        
 Weight \_\_\_\_\_ kg Height: \_\_\_\_\_ g \_\_\_\_\_ Inches, LMP \_\_\_\_\_  (Last Menstrual Period)

## Billing Information

Client Name: Pushpanjali Rawar  
 Client ID: \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 Amount Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_  
 Amount Balance/Due: \_\_\_\_\_  
 Payment via:  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"/> Plasma: EDTA/PL/CIT    | <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 Blood EDTA           | <input type="checkbox"/> Paraffin Block       | <input type="checkbox"/> Sputum  |
| <input type="checkbox"/> W Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine   |
| <input type="checkbox"/> W Blood Heparin        | <input type="checkbox"/> Slide (H&E)          | <input type="checkbox"/> Stool   |
| <input type="checkbox"/> W 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: |
- 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
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 Signature of Accessioning Officer(s)

## Test

(Please fill) (services for correct name and specimen type)  
 1. HPE Small-3  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_  
 9. \_\_\_\_\_

## Instructions to Laboratory/Clinical Information

\_\_\_\_\_

## Information

T  Ambient  Refrigerated  Frozen

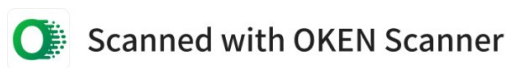
Sample / Vial Type	Vial ID Barcode
<u>Contca</u>	

Total No. of Vials/Container: \_\_\_\_\_

## Specimen Collection Information

Date: 21/2/25 Time: 10:30  
 Fasting: Yes  No  Fasting Period: \_\_\_\_\_ Hrs.  
 Collection by: \_\_\_\_\_  
 Urine Volume: \_\_\_\_\_ ml Hrs.

Date: \_\_\_\_\_ Patient/Doctor's Signature: \_\_\_\_\_





# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Lab No:

## HISTOPATHOLOGY REQUISITION FORM

Patient Name KANTA DEVI Referring Doctor Dr. Manoj Yadav Date 20/02/25  
 Name \_\_\_\_\_ Date of Birth 59 Sex: Male / Female  IPD  
 IPD No \_\_\_\_\_ Collection Centre \_\_\_\_\_ Uhid No. 160074

Telephone \_\_\_\_\_ RCC \_\_\_\_\_ (if different)

Site of Specimen:

Relevant Clinical History:

1) ERCP brush cytology



2) ERCP brush tip



to R/O malignancy

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

dysplasia

3) Ampullary biopsy



Type of Specimen:

Large  Medium  Small

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

H/O massively dilated CBD

Histopath Slides / Block for review: as MRCP

Fixation

Adequate

Inadequate

*[Signature]*  
 Dr. Manoj Yadav  
 MBBS, MD (General Medicine)  
 DNB Gastroenterology  
 Reg. No. HN 17067  
 Pushpanjali Hospital Rewari

Doctor's Signature's

Patient ID : UHID160074 A

Visit Date : 20/02/2025

Patient Name : KANTA DEVI

Referred by : Dr. Manoj Yadav

Age/Gender : 59Yrs, Female

Consulted by : Dr Manoj Yadav

Endoscopic Retrograde Cholangiopancreatography (ERCP)

*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 TJF-Q170V) was advanced under direct visualisation.*

**Premedication** : GA given by Consultant Anesthesia

**Duodenum** :

Large bulky ampulla was identified by visual landmarks with CBD stent in situ.

CBD stent removed using snare.

Selective CBD Cannulation done with an ultratome and guidewire.

Cholangiography revealed a dilated CBD with no filling defect in CBD.

No CBD sludge/stone seen on balloon trawling.

Distal CBD Brushing done.

Multiple biopsies taken from ampulla.

Free flow of bile noted at the end of the procedure.

**Impression** : ERCP + CBD Stent removal + ERCP Brushing + Ampullary biopsy

