



# 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



Name: RAMAUTAR UHID No. : 159269 IPD No. : 11611  
 Bed No. 42/m D.O.A. 20/2/25 D.O.S 20/02/25

## OPERATION THEATRE NOTES

Surgeon in-charge : Dr. Kamal Anesthetist : Dr. Mohit  
 Assistant Surgeon : Dr. Yogesh OT Technician : SA  
 Staff : \_\_\_\_\_ Type of Anaesthesia : \_\_\_\_\_  
 Operative Diagnosis : BPE  
 Pre-Operative Diagnosis : \_\_\_\_\_  
 Procedure Name : Cystoscopy & TURP  
 Operation Started at : \_\_\_\_\_ Operation Finished at : \_\_\_\_\_ Duration : \_\_\_\_\_  
 Sponge Count : \_\_\_\_\_ Whome : \_\_\_\_\_

Operative Notes : findings:- Grade III Prostatomegaly.  
High bladder Neck.

Procedure:- After P&D of parts, IASL, Cystourethroscopy done, above mentioned findings are noted. Resection of Prostate done using monopolar resectoscope. TURP chips retrieved using Hlik's evacuator. Complete Hemostasis ensured. 20Fr 3-way Foley's Catheterization done. & NS Irrigation started.

Organ Explored : \_\_\_\_\_  
 Specimen Sent for histopathology (if any) : TURP chips  
 Immediate post-operative condition : Good

Surgeon's Signature : \_\_\_\_\_  
 Date & Time : 20/2/25 (am / pm)



# TEST REQUISITION FORM

Unique Identifier

11934307

1

2 **HPE Small**

3

4

5

6

7

8

9

## Patient Details

First Name: **Ram Autae** Last Name: **169267**

Age: **74M** Gender: Male  Female

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Referred By: \_\_\_\_\_ Contact No: \_\_\_\_\_

For Maternal Screening -Date of Birth- [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ inches LMP: \_\_\_\_\_  Last Menstrual Period

## Billing Information

Client Name: **Pushpanjali Rawai**

Client ID: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Amount Balance /Due: \_\_\_\_\_

Payment via:  Cash  Cheque  Credit  ePlatform

## Specimen Type Received (For MoIQ 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 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 MoIQ use only)

Temperature:  Ambient  Refrigerated  Frozen

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient ID: \_\_\_\_\_ No. of Vials/container: \_\_\_\_\_

1	2
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Signatures of Accessioning Officer(s)

## Instructions to Laboratory/Clinical Information

11934307

Ambient  Refrigerated  Frozen

Sample / Vial	Vial ID Barcode
<b>Contn</b>	

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

## Specimen Collection Information

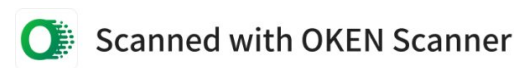
Date: **21/2/29** Time: **10:30**

Fasting: Yes  No  Fasting Period: \_\_\_\_\_ hrs

Collection by: \_\_\_\_\_

Urine Volume: \_\_\_\_\_ ml Hrs: \_\_\_\_\_

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





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Dr. Kamel Singh

## HISTO PATHOLOGY REQUISITION SLIP

Date 20/02/25

Name Ms. Ram Avtar S/o.....

Age 74 Y Sex Male Address Bh. Dkarkha

UHID - 169287 Admission No. 8059408848

IPD - 11611



Specimen..... Site.....

Brief Relevant Clinical History

TURP chips

Brief Operative Note

Any Relevant Special Investigation

## CYTOLOGY REQUISITION SLIP

Cytology Papsmear

Clinical Finding and History.....LMP / Any other

Normal / Post Menoposal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fornix, Lat Vag wall / endo Cervix

Ref. Dr.....

