

Unique Identifier



of Services for correct name and specimen type

Patient Details

First Name: Bismati Last Name: 167888
 Age: 64F 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 Obstetrical Report

1 HPE Small
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____

Billing Information

Client Name: Pushpanjali Rawar
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No.: _____
 Amount Balance /Due: _____
 Payment via: Cash Cheque Credit ePlatform

Instructions to Laboratory/Clinical Information

Specimen Type Received (For MolQ use only)

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> CSP |
| <input type="checkbox"/> Plasma: EDTA/LCIT | <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 _____

Information
 1 Ambient Refrigerated Frozen

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

Total No. of Vials/Container: _____

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen
 Date: _____ Time: _____
 Patient ID: _____ No. of Vials/container: _____

Specimen Collection Information

Date: 24/2/25 Time: 10:30
 Fasting: Yes No Fasting Period: _____ Hrs.
 Collection by: _____
 Urine Volume: _____ ml Hrs. _____

1 _____ 2 _____
 Signature of Accessioning Officer(s)

Date _____ Patient/Clinic/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 REQUISITIONFORM

Patient Name Bismati Referring Doctor Dr. Manoj Keshav Date 20/02/15
 Name _____ Date of Birth 64 Sex: Male / Female IPD
 IPD No _____ Collection Centre _____ Uhid No. 167888

Telephone _____  11934310 RCC _____
 (if different)

Site of Specimen: Antrum

Relevant Clinical History:

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

Type of Specimen:

Large Medium Small

- Miscellaneous
- IHC markers
- Special Stains
- Microphotography

Antral biopsy to R/o M. pylori

Histopath Slides / Block for review:

Fixation

Adequate
 Inadequate
 M.B.S. (M.D. in Medical Microbiology)
 Reg. No. 111177007
 Pushpanjali Hospital, Rewari

Doctor's Signature's

GASTROENTEROLOGY

Patient ID : UHID167888

Visit Date : 20/02/2025

Patient Name : BIRMATI

Referred by : Dr. Navdeep Yadav

Age/Gender : 64Yrs, Female

Consulted by : Dr Manoj Yadav

UPPER GI ENDOSCOPY Report

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 GIF 170) was advanced under direct visualisation.

Premedication : Xylocaine spray LA

Esophagus : Diaphragmatic hiatus at 40 cm, pgf at 39 cm, z line at 39 cm

OG Junction : 39 Cm, Hills grade 1

Stomach :

Fundus : Normal

Body : Normal

Antrum : Erosive antral gastritis

Pylorus : Normal

Duodenum :

D1 : Normal

D2 : Normal

Biopsy : Taken from antrum

Impression : Erosive antral gastritis, RUT +ve



Dr Manoj Yadav

MBBS, MD (Gold medalist),
DM Gastroenterology