



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



HISTO PATHOLOGY REQUISITION SLIP

Consultant - Dr. KAMAL SINGH

Date 21/02/25

Name Mr. MAHESH KUMAR S/o DAYACHAND

Age 42 yrs Sex Male Address RAMGARH

UHID - 037866, IPD - 24-11652, Mobile No - 9910688565

Cat - TPA



Specimen Site

Brief Relevant Clinical History

Brief Operative Note

Specimen of (RT) orchiectomy

Any Relevant Special Investigation

CYTOLOGY REQUISITION SLIP

Cytology Papsmear

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

Normal / Post Menopausal / Suspicious Lesion / Other

Site of Sample

Cervix / Post fomix, Lat Vag wall / endo Cervix

Ref. Dr. 40254



Unique Identifier



11934298

Patient Details

Name: Mallesh Kumare Last Name: 037866
42/M Gender: Male Female
 Address: _____ Contact No: _____
 Ref ID: _____
 Referred By: _____ Contact No: _____
 Maternal Screening - Date of Birth: [][] [][] [][] [][]
 GPT: _____ Hb: _____ F: _____ Injunct: _____ LMP: _____ (Last Menstrual Period)

HPE Large

Billing Information

Ref Name: Pushpanjali Rewari
 Ref ID: _____
 Ref Amount: _____
 Amount Received: _____ Receipt No: _____
 Amount Balance Due: _____
 Payment via: Cash Cheque Credit Effortium

Instructions to Laboratory/Clinical Information

Specimen Type Received (For MolIQ use only)

<input type="checkbox"/> Serum	<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> CSF
<input type="checkbox"/> Plasma EDTA/CL	<input type="checkbox"/> FN Aspirate	<input type="checkbox"/> Fluid
<input type="checkbox"/> SST	<input type="checkbox"/> Tissue Fragments	<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"/> Puck	<input type="checkbox"/> Swab
<input type="checkbox"/> Semen	<input type="checkbox"/> Blood Culture Bottle	<input type="checkbox"/> Other

Other Sample Type/Source

Received Specimen Information (For MolIQ use only)

Temperature: Ambient Refrigerated Frozen
 Ref: _____ Time: _____
 Ref ID: _____ No. of Vials/Container: _____

Specimen Information

	Send <input type="checkbox"/> Refrigerated <input type="checkbox"/>
11934298	
Sample / Vial Type	Vial ID Barcode
<u>Control</u>	

Total No. of Vials/Container:

Specimen Collection Information

Date: 22/2/25 Time: 10:30
 Fasting: Yes No Fasting Period: _____
 Collection by: _____
 Urine Volume: _____ ml Hrs. _____

Signature of Accessioning Officer(s)

Consent: I hereby authorize MolIQ Laboratory to use and share with affiliates, my personal information available for use based on the information provided to you. It may be necessary to confirm the accuracy of the information provided to you and regulations will be kept confidential and will not be made publicly available. Further, I authorize the use of the above information for research purposes and for any other use that MolIQ Laboratory may determine. I agree to the access of my medical records and specimens for diagnostic and research purposes.

Ref: The sample used for research will be stored in a secure facility and will be destroyed as per the relevant regulatory guidelines as applicable to you. In the event of any publication by MolIQ Laboratory, you will be notified. For any questions related to this consent, please contact MolIQ Laboratory. In case of any dispute, the jurisdiction will be Head Office, Coimbatore, Karnataka. The Medical Staff of MolIQ Laboratory will be held responsible for the test reported.

MolIQ Laboratory is a leading provider of diagnostic services and is committed to providing the highest quality of care to our patients. We are currently seeking qualified individuals for various roles across our organization. If you are interested in joining our team, please send your resume and cover letter to hr@moliq.com. We are an equal opportunity employer and do not discriminate on the basis of race, gender, religion, or ethnicity.

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Patient Name : M.K. Mohan Kumar UHID No. : 037866 IPD No. : 1162
 Age / Sex : 44/1 Bed No. : D.O.A. : 21/2/25 D.O.S. : 21/2/25

OPERATION THEATRE NOTES

Surgeon In-charge : Dr. Kamal Anesthetist : Dr. Mohit
 Assistant Surgeon : Dr. Yogesh OT Technician :
 OT Staff : Type of Anaesthesia : GA
 Pre-Operative Diagnosis : (RT) Testicular Abscess (RT) Orchidopexy
 Post-Operative Diagnosis :
 Procedure Name : (RT) Orchiectomy
 Operation Started at : Operation Finished at : Duration :
 Sponge Count : Whome :

Operative Notes : Findings :- [(RT) Testicular Abscess
Dense peritesticular fibrosis

Procedure:- After P.D of Parts, LAST, (RT) Paramedian Incision to scrotal Raphe, given wound made in layers. Above mentioned findings are noted. (RT) spermatic cord doubly ligated & cut. Complete Hemostasis ensured. Wound closed in layers. ASD done. Scrotal support applied.

Yogesh

Exploned :
 Specimen Sent for histopathology (if any) :
 Post-operative condition : Good

Surgeon's Signature : [Signature]
 Date & Time : 21/2/25 (am / pm)