



26

The accession number is the Reference Number for communication with BAVYA

BHSPL -- UHS -- KPM

4

BHSPL318396

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Nagarastamma	1949	76	female	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
154	57	110	70	92	94	96	32	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

Day	Month	Year	Collection Time		Collection Location	
05	11	2025	9	148 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Nandavath
(Eg: 01 10 2025)			(Eg: 07:15 AM)		Mandal	Senkubera

Patient fasted at least 10 hrs? Y N

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by # Team

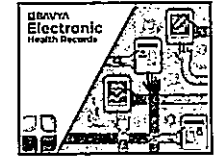
Phone Number

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
J. Pojitha	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Good



PATIENT DETAILS



First Name : _____

Last Name : Nagarathamma

Your Email : _____

Phone Number : 8074526288

Aadhaar Number : 8960 6285 9165

ABHA Health ID Number : 91-1463-2038-6072

Gender : Male Female Other

Marital Status : married

Date of Birth :

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1949 ~~79~~

No of Children : 3

Address : Nanjampeta

CONSENT FOR AUTHENTICATION :

I hereby state that I have no objection to authenticating myself with the Aadhaar-based authentication/ ABHA Health ID systems and I consent to providing my Aadhaar number and/or One Time Pin (OTP) for Aadhaar-based authentication to access my personal Electronic Health Records with Bavya Health Services. I understand that the OTP I provide for authentication will be used solely to verify my identity through the Aadhaar-based authentication / ABHA Health ID systems for that specific transaction and for no other purposes. I also understand that Bavya Health Services will ensure the security and confidentiality of the personal identity data I provide for Aadhaar-based authentication.

Signature/Thumb Impression : _____

Name : Nagarathamma