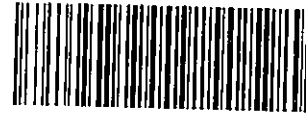




The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



BHSPL318414

4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
S. Chandramma	01/01/1973	53	female	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
154	56	120	80	72	94	96	34	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

Day: 05	Month: 11	Year: 2025	Collection Time: 7:25 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Collection Location: Village: Nandivada, Mandal: Sankarapuram
---------	-----------	------------	--	---

(Eg: 01 | 10 | 2025) (Eg: 07:15 AM)

Patient fasted at least 10 hrs? Y N

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: GPR # Team: 29

Phone Number: 9706382464

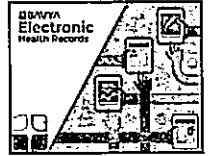
For Sample Submission HUB use only

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

(VA)



PATIENT DETAILS



First Name : S

Last Name : Chandramma

Your Email : _____

Phone Number : 9885576610

Aadhaar Number : 5451 0952 1784

ABHA Health ID Number : 91-7560-8545-6744

Gender : Male Female Other

Marital Status : married

Date of Birth :

0	1	0	1	1	9	7	3
---	---	---	---	---	---	---	---

No of Children : 2

Address : Nanjampeta
S Chandramma

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.

S. Chandramma
Signature/Thumb Impression :

Name : S. Chandramma