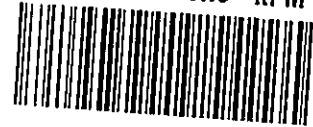




2

The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL318436

RETURN THIS PAGE WITH SAMPLES

### LABORATORY REQUISITION FORM

#### Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
venappa	1976	49	M	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	60	116	72	82	98.4	98	38	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	
0	5	1	1	1	20	2	5	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Nanjandur		Mandal	

(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

*SR*

# Team

29

Phone Number

9801882464

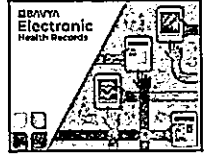
#### For Sample Submission HUB use only

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

(12)



PATIENT DETAILS



First Name : Venappa

Last Name : \_\_\_\_\_

Your Email : \_\_\_\_\_

Phone Number : 6300815888

Aadhaar Number : 9165 3311 5609

ABHA Health ID Number : 33347842714046

Gender :  Male  Female  Other

Marital Status : married

Date of Birth : 

--	--	--	--	--	--

1976 49

No of Children : 03

Address : wangambe

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.

వ.వ. వెంకట  
Signature/Thumb Impression :

Name : Venappa