



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL318441

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
V. Narayana Nappa	1974	50	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
168	60	130	78	91	90.6	95	34	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	2024	22	40	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Wantrudeba
						Mandal	Senkubera

(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	<u>G. S.</u>	# Team	29
Phone Number	<u>9706232164</u>		

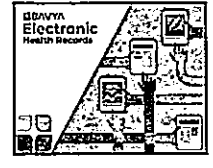
For Sample Submission HUB use only

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

U



PATIENT DETAILS



First Name : V. Narayanappa

Last Name : _____

Your Email : _____

Phone Number : 9390504828

Aadhaar Number : 2981 1859 6456

ABHA Health ID Number : 78300438568777

Gender : Male Female Other

Marital Status : married

Date of Birth :

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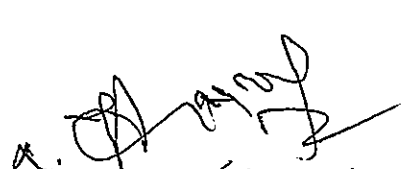
1974 5 14

No of Children : 02

Address : Nandambeta

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 : V. Narayanappa