



10

The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



4

BHSPL318438

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Lalashamma	1971	54	f	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
56	55	120	70	88	92.5	99	36	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	
08	1	1	20	21	21	7:30	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Village	Nandambeta			
									Mandal	Sankaravaram			

(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 G.S # Team 24

Phone Number 9304382464

For Sample Submission HUB use only

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

