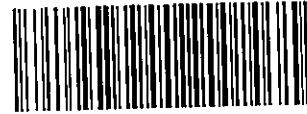




25

The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL317293

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Narasayanaappa	1986	89	male	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	78	98	95	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	11	20	25	9	15	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Village	Aranjanpete		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 GSR # Team 29

Phone Number 970682464

For Sample Submission HUB use only

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

