



24

The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



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BHSPL318377

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Sivappa	01/01/1989	38	male	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	68	110	70	72	98	95	32	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	2025	9	7	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village: <u>Bankapur</u> Mandal: <u>Bankapur</u>

(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

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Phone Number

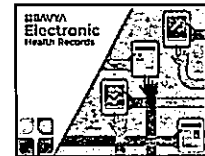
970082214

For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : _____

Last Name : Sivappa

Your Email : _____

Phone Number : 9989317760

Aadhaar Number : 3244 7035 9015

ABHA Health ID Number : 91-2238-3426-8474

Gender : Male Female Other

Marital Status : Married

Date of Birth :

0	1	0	1	1	9	8	9
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No of Children : 2

Address : Nanjampeta

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.

Sivappa
Signature/Thumb Impression :

Name : Sivappa