

The accession number is the Reference Number for communication with BAVYA



RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Yallamra	1985	40	Female	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
162	65	110	70	86	98	97	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	
21	11	2025	07:42	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Jalligumuru
					Mandal	Spur

(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 C. Vikas # Team 4351

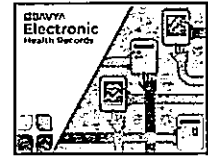
Phone Number C 709516788

For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : Yallamma 40y

Last Name : _____

Your Email : _____

Phone Number : 9347373117

Aadhaar Number : 5269 3476 3580

ABHA Health ID Number : 41-8210-5443-8403

Gender : Male Female Other

Marital Status : _____

Date of Birth :

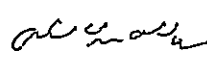
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No of Children : 1

Address : Telliganipalle

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 : Yallamma