



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL336779

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Narayanamma	1978	47	m	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
156	52	110	70	76	98	98	30	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			
2	1	1	1	1	1	2	0	2	0	7	5	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Village: Jettiyani palle	Mandal: Santipuram

(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: 7093145124

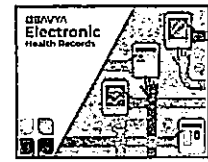
For Sample Submission HUB use only

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

4351-04



PATIENT DETAILS



First Name : Narayanaswara Age: 47y

Last Name : _____

Your Email : _____

Phone Number : 8328497523

Aadhaar Number : 5609 9496 6086

ABHA Health ID Number : 91-6012-8802-5252

Gender : Male Female Other

Marital Status : _____

Date of Birth :

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11/9/78

No of Children : 2

Address : Jalliganipalki

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 : Narayanaswara