



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



4

BHSPL336738

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### LABORATORY REQUISITION FORM

#### Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
B.J. Sathybew	1971	54	M	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
162	48	120	80	74	98.2	99	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			
2	1	1	1	1	1	2	0	2	0	7	2	9	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Village: Jettiganipalle Mandal: Dantipuram

(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: 7351

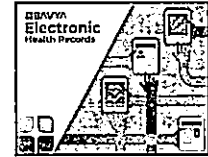
Phone Number: 709816738

#### 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"/>	



PATIENT DETAILS



First Name : B. J. SATYA BARU

Last Name : \_\_\_\_\_

Your Email : \_\_\_\_\_

Phone Number : 9866152504

Aadhaar Number : 2751 0875 3681

ABHA Health ID Number : 91-6435-4562-4410

Gender :  Male  Female  Other

Marital Status : Married

Date of Birth : 

0	1	0	6	1	9	7	1
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No of Children : 2.

Address : Jalliganipalle.

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 : B. J. SATYA BARU.