



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



5

BHSPL338792

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
T. Hari	1981	44y	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
165	78	120	80	84	98	94	36	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Collection Details

Day			Month			Year			Collection Time			Collection Location			
2	1	1	1	1	1	2	0	2	0	7	20	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	Village	Jettiganipalli
									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

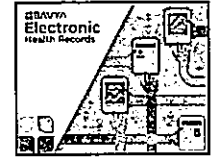
Phone Number 7098165738

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 : T. Hari Ag: 44

Last Name : -

Your Email : -

Phone Number : 9908918624

Aadhaar Number : 4321 3400 4286

ABHA Health ID Number : 91-1237-7228-8056

Gender : Male Female Other

Marital Status : _____

Date of Birth :

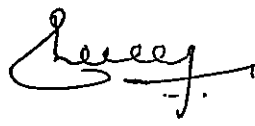
				1	9	8	1		

No of Children : -

Address : Jalliganipalli

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 : T. Hari