



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



4

BHSPL360401

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
<i>C. Eswar</i>	<i>1991</i>	<i>32</i>	<i>Male</i>	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
<i>156</i>	<i>68</i>	<i>110</i>	<i>70</i>	<i>84</i>	<i>98</i>	<i>99</i>	<i>36</i>	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		
<i>2</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>0</i>	<i>2</i>	<i>5</i>	<i>0</i>	<i>7</i>	<i>5</i>	<i>0</i>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Village <i>Tanjavur</i> Mandal <i>SPM</i>

(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*

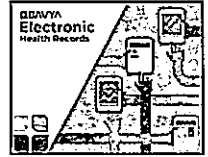
Phone Number *7093165138*

For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : C. Eswar Age: 32y

Last Name : _____

Your Email : _____

Phone Number : 799 750090 2

Aadhaar Number : 4026 34997446

ABHA Health ID Number : 38-2570-3751-2060

Gender : Male Female Other

Marital Status : _____

Date of Birth :

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1991

No of Children : 2

Address : Talliganipalli

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 : C. Eswar