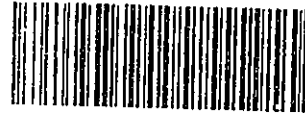




The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



BHSPL350407

4

RETURN THIS PAGE WITH SAMPLES

### LABORATORY REQUISITION FORM

#### Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
P. Roja	1998	27	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
152	49	110	70	86	98	99	36	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

#### Collection Details

<table border="1"> <tr><th>Day</th><th>Month</th><th>Year</th></tr> <tr><td>21</td><td>11</td><td>2025</td></tr> </table> <p>(Eg: 01   10   2025)</p>	Day	Month	Year	21	11	2025	<table border="1"> <tr><th>Collection Time</th></tr> <tr><td>0805 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/></td></tr> </table> <p>(Eg: 07:15 AM)</p>	Collection Time	0805 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	<table border="1"> <tr><th>Collection Location</th></tr> <tr><td>Village: Teligandla</td></tr> <tr><td>Mandal: Sankar</td></tr> </table>	Collection Location	Village: Teligandla	Mandal: Sankar
Day	Month	Year											
21	11	2025											
Collection Time													
0805 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>													
Collection Location													
Village: Teligandla													
Mandal: Sankar													

Patient fasted at least 10 hrs?  Y  N

#### This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: C. Vikar # Team: 4551

Phone Number: C. 7098165724

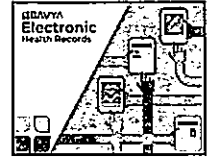
#### For Sample Submission HUB use only

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

A351-08



PATIENT DETAILS



First Name : P. Roja Age: 27

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

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

Phone Number : 9515781579

Aadhaar Number : 4994 3347 2865

ABHA Health ID Number : 22-7344-6222-6331

Gender :  Male  Female  Other

Marital Status : \_\_\_\_\_

Date of Birth : 

--	--	--	--	--	--	--	--	--	--

No of Children : 3

Address : Taliganipelli

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.

*P. Roja*

Signature/Thumb Impression :

Name : *P. Roja*