



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL350468

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Venugop-J	2004	21	Male	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
165	72	110	70	82	98	99	36	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		2	0	2	0	8	00	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Jalijamipuru
													Mandal	Spur

(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

A351

Phone Number

7093165138

For Sample Submission HUB use only

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

