



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



4

BHSPL349699

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
K. Rajasheer	1992	33y	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
155	72	90	70	84	98	97	38	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>1</td> <td>2025</td> </tr> </tbody> </table> <p>(Eg: 01 10 2025)</p>			Day	Month	Year	2	1	2025	<table border="1"> <thead> <tr> <th colspan="3">Collection Time</th> </tr> </thead> <tbody> <tr> <td>08</td> <td>20</td> <td>AM <input type="checkbox"/> PM <input checked="" type="checkbox"/></td> </tr> </tbody> </table> <p>(Eg: 07:15 AM)</p>			Collection Time			08	20	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	<table border="1"> <thead> <tr> <th colspan="2">Collection Location</th> </tr> </thead> <tbody> <tr> <td>Village</td> <td>Telipigampana</td> </tr> <tr> <td>Mandal</td> <td>Jam.</td> </tr> </tbody> </table>		Collection Location		Village	Telipigampana	Mandal	Jam.
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Village	Telipigampana																								
Mandal	Jam.																								

Patient fasted at least 10 hrs? Y N

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by C. V. [Signature] # Team 1357

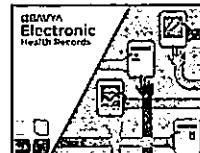
Phone Number 7098165192

For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : K. Rajasekar 33y

Last Name : -

Your Email : -

Phone Number : 9515781579

Aadhaar Number : 7221 2962 8051

ABHA Health ID Number : 72-1067-7174-5633

Gender : Male Female Other

Marital Status : _____

Date of Birth :

No of Children : 3

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.

K. Rajasekar
Signature/Thumb Impression :

Name : K. Rajasekar