

The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL349602

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M.V. Subanya	1998	27	F	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
154	48	103	78	87	98	97	30	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	
21	11	2025	8:00	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Telliganipali
					Mandal	...

(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 Vibha # Team 4351

Phone Number 7092165138

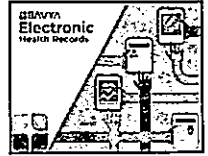
For Sample Submission HUB use only

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

4351-11



PATIENT DETAILS



First Name : M. V. Sukanaya Age: 27y

Last Name : _____

Your Email : _____

Phone Number : 9885968672

Aadhaar Number : 5460 7182 4156

ABHA Health ID Number : 47-4308-7671-3243

Gender : Male Female Other

Marital Status : _____

Date of Birth :

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

1998

No of Children : 3

Address : Jalliganipali.

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.

M.V.Sukanaya
Signature/Thumb Impression :

Name : M. V. Sukanaya