



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL336424

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Munemna	1972	53	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
159	61	120	80	76	98.2	99	28	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

Day	Month	Year
2	1	2025

Collection Time			
07	38	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>

Collection Location	
Village	Jelligandipalle
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. Virey

Team

4357

Phone Number

095165188

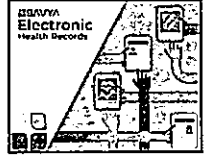
For Sample Submission HUB use only

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

4351-65



PATIENT DETAILS



First Name : Muneppa Age: 53y

Last Name : _____

Your Email : _____

Phone Number : 8374060058

Aadhaar Number : 6843 1672 2662

ABHA Health ID Number : 42-8345-3164-8258

Gender : Male Female Other

Marital Status : _____

Date of Birth :

			1	9	7
					2

No of Children : 2

Address : Jalliganipalli

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.

asw naraj
Signature/Thumb Impression :

Name : Muneppa