

The accession number is the Reference Number for communication with BAVYA



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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Venkatesh	02/06/1988	37	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
157	71	130	90	84	99	98	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	
21	11	2025	8	:	15	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Jalligani
							Mandal	Seetha

(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 # Team

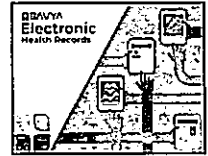
Phone Number

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"/>	



PATIENT DETAILS



First Name : M. Venkatesh Age: 37

Last Name : _____

Your Email : _____

Phone Number : 9885968672

Aadhaar Number : 8474 1604 2422

ABHA Health ID Number : 20-4347-8180-7141

Gender : Male Female Other

Marital Status : _____

Date of Birth :

				1	9	8	8
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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.

M. Venkatesh
Signature/Thumb Impression :

Name : M. Venkatesh