



RETURN THIS PAGE WITH SAMPLES

### LABORATORY REQUISITION FORM

#### Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Gangadevi	1998	37	Female	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
152	62	120	60	72	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
21	11	2025	8:20 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village: Taligewpalle 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 7093165938 C. Nilkan # Team 435

Phone Number 7093165938

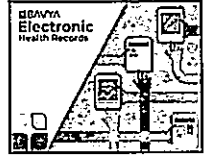
#### For Sample Submission HUB use only

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"/>	

4351-13



PATIENT DETAILS



First Name : Gangadevi Ag: 37

Last Name : \_\_\_\_\_

Your Email : \_\_\_\_\_

Phone Number : 8096230661

Aadhaar Number : 9883 0465 1161

ABHA Health ID Number : 31-2482-7542-3703

Gender :  Male  Female  Other

Marital Status : \_\_\_\_\_

Date of Birth : 

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1992

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.

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Signature/Thumb Impression :

Name : Gangadevi