



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL312015

5/11/25

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
A. Sonthamma	1/1/1994	31	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	40	100	60	76	98.6	96	38	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			
0	5	0	1	2	0	2	5		8	30	AM	<input checked="" type="checkbox"/>	PM	<input type="checkbox"/>	Village	Chinnagam
											Mandal	Shanthipuram				

(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 M. Dayan # Team 217

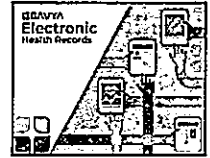
Phone Number 9014793082

For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : A. Sonthamma

Last Name : _____

Your Email : _____

Phone Number : 8919320428

Aadhaar Number : 9257 3669 1150

ABHA Health ID Number : 91-64587168-6434

Gender : Male Female Other

Marital Status : _____

Date of Birth :

0	1	0	1	1	9	9	4
---	---	---	---	---	---	---	---

No of Children : 3

Address : Chinnagandapalli

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.

[Signature]
Signature/Thumb Impression :

Name :