



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL312400

5/11/25

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
padmamma	1983	42	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
156	55	120	80	79	98.6	95	40	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	
05	11	2025	8:00	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Chinnaganthipalayam
			(Eg: 07:15 AM)		Mandal	Shanthi Param

Patient fasted at least 10 hrs? Y N

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by # Team

Phone Number

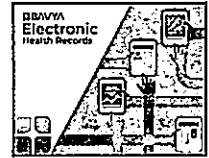
For Sample Submission HUB use only

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

Chinnagondlapalli 47 - (10) 5/11/25



PATIENT DETAILS



First Name : padmamma

Last Name : _____

Your Email : _____

Phone Number : 9071957005

Aadhaar Number : 54 5464 0528 3949

ABHA Health ID Number : 71-3448-1015-3227

Gender : Male Female Other

Marital Status : _____

Date of Birth : 01011983

No of Children : 2

Address : Chinnagondlapalli

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.

Handwritten signature

Signature/Thumb Impression :

Name : padmamma