



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



BHSPL314029

4

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5/11/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Nethravathi	1992	33	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
53	45	110	60	78	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	8:16	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Chinnagardapalli	
					Mandal	Senthipetam	

(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. Dayana # Team 47

Phone Number 9014793082

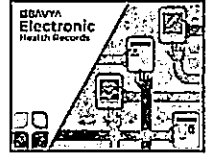
For Sample Submission HUB use only

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"/>	9006

05/11/2025 Chinnagondlapalli - 27-19



PATIENT DETAILS



First Name : Nethravathi

Last Name : _____

Your Email : _____

Phone Number : 8008646006

Aadhaar Number : 6116 9594 7586

ABHA Health ID Number : 45-2886-1080-7226

Gender : Male Female Other

Marital Status : _____

Date of Birth :

0	1	0	1	1	9	9	2
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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.

Nethravathi

Signature/Thumb Impression :

Name : Nethravathi