



The accession number is the Reference Number for communication with BAVYA



4

RETURN THIS PAGE WITH SAMPLES

5/11/25

### LABORATORY REQUISITION FORM

**Patient Demographics:**

Name	DOB	Age	Gender	NCD Listed Patient
Zeswaramma	1986	39	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	50	100	60	78	98.6	100%	32	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	8:21	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Chinnadardlapad	
(Eg: 01   10   2025)			(Eg: 07:15 AM)			Mandal	Shanthipuram

Patient fasted at least 10 hrs? Y  N

### This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by M. Dayana # Team 47

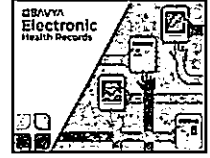
Phone Number 9014793082

### For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : Eeswaramma

Last Name : -

Your Email : -

Phone Number : 7997916853

Aadhaar Number : 2480 1722 9831

ABHA Health ID Number : 32-5344-3124-3815

Gender :  Male  Female  Other

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

Date of Birth : 01011986

No of Children : 3

Address : chinnagandlapalli

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.

*Eeswaramma*

Signature/Thumb Impression :

Name : Eeswaramma