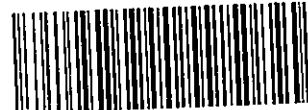




The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



4

BHSPL314049

RETURN THIS PAGE WITH SAMPLES

7

5/11/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Suseelamma	1973	52	PA 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
159	62 kg	110	70	82	92.1F	90%	31	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	Chinnagandlapalli
							Mandal	Shanthipuram

(Eg: 01 | 10 | 2025) (Eg: 07:15 AM)

Patient fasted at least 10 hrs? Y N

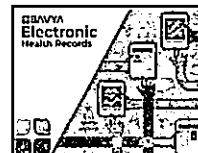
This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by M. Dayana # Team 27

Phone Number 9014793082

For Sample Submission HUB use only

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


PATIENT DETAILS


First Name : Suseelamma
 Last Name : -
 Your Email : -
 Phone Number : 95020 58455
 Aadhaar Number : 8845 2935 2805
 ABHA Health ID Number : 47-7821-4226-3225
 Gender : Male Female Other
 Marital Status : married
 Date of Birth :

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1973
 No of Children : 2
 Address : Chinnagandbapalli

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.

Suseelamma

Signature/Thumb Impression :

Name : Suseelamma