



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM



BHSPL313298

4

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5/11/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
C. Venkat	01-01-1995	30	M	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	56	100	60	86	92.6F	91%	30	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

Day			Month			Year			Collection Time				Collection Location		
0	5		1	1		2	0	2	7	5	7	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Village	Chinnagandrapalli
											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	<u>Mr. Dayana</u>	# Team	<u>27</u>
Phone Number	<u>9014793052</u>		

For Sample Submission HUB use only

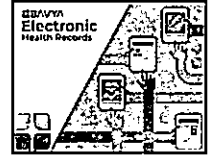
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
<u>J. Reddy</u>	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<u>good</u>

Chinnagandhapalli-47-5

5/11/25



PATIENT DETAILS



First Name : C. Venkat

Last Name : -

Your Email : -

Phone Number : 7975 438277

Aadhaar Number : 7546- 4062 - 0937

ABHA Health ID Number : 91-5738-0718-6075

Gender : Male Female Other

Marital Status : Oh maria

Date of Birth : 01|01|1995

No of Children : -

Address : Chinnagandhapalli,

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.

C. Venkat

Signature/Thumb Impression :

Name : C. Venkat