



The accession number is the Reference Number for communication with BAVYA



RETURN THIS PAGE WITH SAMPLES

5/11/25

### LABORATORY REQUISITION FORM

**Patient Demographics:**

Name	DOB	Age	Gender	NCD Listed Patient
clalapati	01-01-1980	45	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
158 cm	89 kg	100	70	84	98.4	92.4	42	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	7:43	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 47

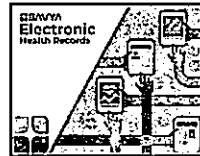
Phone Number 9014793082

### For Sample Submission HUB use only

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



PATIENT DETAILS



First Name : Lalapathi

Last Name : -

Your Email : -

Phone Number : 9948069500

Aadhaar Number : 4962 0899 4933

Health ID Number : 45-0563-1362-4362

Gender :  Male  Female  Other

Marital Status : married

Date of Birth : 01/01/1980

No of Children : 2

Address : Chinnaganallapalli

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.

*N. Chalapati*  
Signature/Thumb Impression :

Name : Lalapathi