



The accession number is the Reference Number for communication with BAVYA

BHSPL-UHS-KPM

BHSPL312628

4

05/11/25

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Pususotham Naidu	1971	54y	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
57	72kg	110	70	82	92.6F	92%	38 Cms	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	7:30	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Village	Chinnagandhapalli
					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 # Team

Phone Number

For Sample Submission HUB use only

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

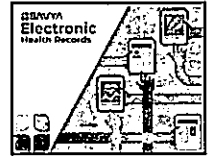
Chinnagandlapalli

F 47-1

5/11/25



PATIENT DETAILS



First Name : M.

Last Name : Purusotham Naidu

Your Email : _____

Phone Number : 9951674189

Aadhaar Number : 48911468 6865

ABHA Health ID Number : 58-2060 2460 3148

Gender : Male Female Other

Marital Status : married

Date of Birth :

 1971

No of Children : 2 children

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.

Handwritten signature

Signature/Thumb Impression :

Name : Purusotham Naidu