BAVYA

The accession number
Reference Number for
communication with BAVYA

23

BHSPL – UHS – KPM

BHSPL103136

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4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
munivelan.	1989.	36	m	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
175	66	122	86	77	97.4	98	48	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
09	30	AM ☑	PM ☐	

(Eg: 07:15 AM)

Collection Location	
Village	Pogurupalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: R. Kalpana

Team: 03

Phone Number: 8790721642

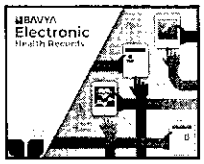
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



First Name : munivelan.

Last Name :

Your Email :

Phone Number : 7092815366

Aadhaar Number : 9459- 2460-5153

ABHA Health ID Number : Not Found

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married.

Date of Birth : 1989 36/m.

No of Children : 2

Address : poguvupalli (v), mandal

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.

Signature/Thumb Impression : మునివేలన్

Name : munivelan.

BAVYA

The accession number [illegible] Reference Number for communication with BA[illegible]

BHSPL – UHS – KPM

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4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
m.s hanmanta mma	1976	49	Female.	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
149	57	126	92	78	97.2	98	47	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time					
0	9	4	5	AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Pogurupalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: kalpana

Team: 03

Phone Number: 8790721642

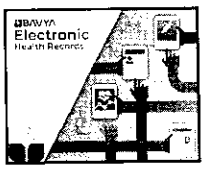
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



First Name : m. shankaramma.

Last Name :

Your Email :

Phone Number : 81859 20152

Aadhaar Number : 7240 7435 9684

ABHA Health ID Number : 43-2176-4754-2538.

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 19/7/6 49

No of Children : 6

Address : Poguvupalli vill, Guduvalli (M)

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.

Signature/Thumb Impression : M. Shankaramma

Name : M. Shankaramma.

BAVYA

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The accession number is the Reference Number for communication with S4...

BHSPL – UHS – KPM

BHSPL103171

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1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Premalatha. m.	2004	21	Female.	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
149	42	100	65	78	97.4	98	48	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
0	9	45	AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Pogonpalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: Kalpana

Team: 03

Phone Number: 8790721642

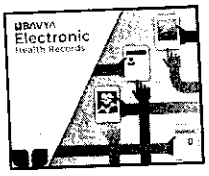
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



First Name : Premalatha . M.

Last Name :

Your Email :

Phone Number : 8123150433.

Aadhaar Number : 6479 2354 8136.

ABHA Health ID Number : 91-5817-6614-0148

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 30/12/2004 21/F

No of Children : —

Address : Paguvapalli (vi), Gudupalli (m)

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.

Signature/Thumb Impression :

Name : premalatha. M.

BAVYA

The accession number is the Reference Number for communication with BAVYA

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4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
V Aswini	1997	27	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
148	67	120	80	76	98.1	98	47	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
0	9	4	5	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Poguvupalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: Kalpana

Team: 03

Phone Number: 8790721642

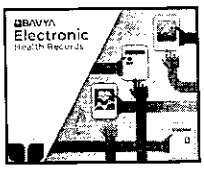
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



First Name : V. Aswini

Last Name :

Your Email :

Phone Number : 9000240852.

Aadhaar Number : 5932 9746 2835

ABHA Health ID Number : 60-8255-1362-1885

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 1997 28/F

No of Children : 5

Address : Poguvaalli (V), Budupalli (M)

:

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.

Signature/Thumb Impression : Aswini

Name : V. Aswini

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103174

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RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics: Name	DOB	Age	Gender	NCD Listed Patient
C. Anjaneyulu	1988	37	male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure Systole	Blood Pressure Diastole	HR	Temp	SpO2	Waist Inches	Social Behaviour: Smoking	Social Behaviour: Drinking
165	82	123	80	78	98.1	98	46	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
0	9	5	5	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Pogurpalli
Mandal	Gudipalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: Kalpana

Team: 03

Phone Number: 8790721642

For Sample Submission HUB use only

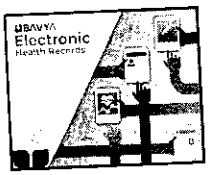
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comme
	1 ☐ 2 ☐	Y ☐ N ☐	

15

BAVYA

PATIENT DETAILS

23/10/25



First Name : C. Anjaneyulu.

Last Name :

Your Email :

Phone Number : 9000 240852

Aadhaar Number : 4856 3105 7932.

ABHA Health ID Number : 52-2034-1757-0238

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married.

Date of Birth : 03/2/1988 37

No of Children : 5

Address : Poguvapalli (v), Gudupalli (m)

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.

Signature/Thumb Impression C Anjaneyulu.

Name : C. Anjaneyulu.

BAVYA

The accession number is the Reference Number for communication with BAVYA

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BHSPL – UHS – KPM

BHSPL103200

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RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Veerabhadra PPA	1958	67	M	Y ☐ N ☑

VITALS

Height (Inches)	Weight (Kgs)	Blood Pressure		HR	Temp	SpO2	Waist (Inches)	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
168.5	79	119/80	70	77	98.1	97	46	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	0950 AM ☑ PM ☐	Village	Poguvapalli
				Mandal	Gudupalli

(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: Kalpana # Team: 03

Phone Number: 8790721642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

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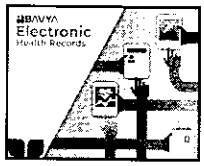
BAVYA

PATIENT DETAILS

23/10/25



First Name : veerabhadrappa.

Last Name :

Your Email : ~~363~~.

Phone Number : 8296453714

Aadhaar Number : 3635 8648 8413.

ABHA Health ID Number : 33-1438-2358-3413

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married.

Date of Birth : | | | | 1 | 9 | 5 | 8 | 67/m

No of Children : 4

Address : Poguruppalli vi, Gudupalli(M)

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.

Signature/Thumb Impression : veerabhadrappa.

Name : veerabhadrappa.

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BAVYA

The accession number ... Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102869

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RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
mangamma.	1976	49.	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	63	110	71	75	98.1	97	45	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day		Month		Year			
2	3	1	0	2	0	2	5

(Eg: 01 | 10 | 2025)

Collection Time					
0	8	0	0	AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Poguripalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: Kalpana

Team: 03

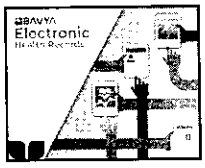
Phone Number: 8790721642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS



First Name : mangamma. 23/10/25

Last Name :

Your Email :

Phone Number : 8088862858.

Aadhaar Number : 7635 4269 2302.

ABHA Health ID Number : 32-3061-3412-7045

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 1976 49/F

No of Children : 3

Address : Pogurupalli vil, Buddam M

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.

Signature/Thumb Impression :

Name : mangamma.

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

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RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Lavanya.	1993	32	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
157	46	80	60	76	97.2	97	46	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0930	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Pogurupalli
Mandal	Gudlavalleru

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by kalpana **# Team** 03

Phone Number 8790721642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

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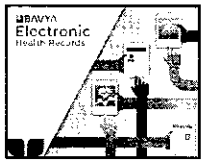
BAVYA

PATIENT DETAILS

23/10/25



First Name : Lavanya.m.

Last Name :

Your Email :

Phone Number : 8106100896

Aadhaar Number : 7786 4914 1803

ABHA Health ID Number : 30-6467-4328-7322

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 0 1 0 1 1 9 9 3

No of Children : 2

Address : Poguvupalli (vi) Gudupalli (m).

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.

Signature/Thumb Impression : Lavanya.

Name : Lavanyam

(08)

BHSPL – UHS – KPM

BAVYA

The accession number is the Reference Number for communication with BAVYA

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RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Sridevi	1981	44	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
162	79	107	76	74	98.2	98	45	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0800	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Poguvupalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: R. KALPANA

Team: 03

Phone Number: 8790721642

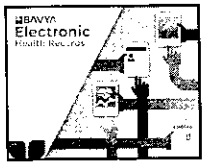
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



First Name : Sri devi

Last Name :

Your Email :

Phone Number : 9177 870205

Aadhaar Number : 8575 5665 3237.

ABHA Health ID Number : 15- 5323- 4106- 6772

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : | | | | | 1 | 9 | 8 | 1 | 44/F

No of Children : 2

Address : Pogurupalli (V), Gudupalli (M)
chittoor (Dt)

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.

Signature/Thumb Impression : Sridevi

Name : Sridevi

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BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – CHS – KPM

BHSPL 103029

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RETURN THIS PAGE WITH SAMPLES

23/10/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
T. Sumithra	1984	41	Female	Y ☐ N ☑

VITALS

Height (Inches)	Weight (Kgs)	Blood Pressure		HR	Temp	SpO2	Waist (Inches)	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
169	64	99	70	75	98.1	99	45	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0800	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Pogunpalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: Kalpana.

Team: 03.

Phone Number: 8790726642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

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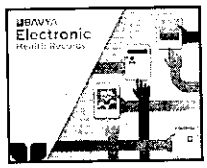
BAVYA

PATIENT DETAILS

23/10/25



First Name : T. Sumithra.

Last Name :

Your Email :

Phone Number : 8374250802.

Aadhaar Number : 4064 6039 3628.

ABHA Health ID Number : 67-3473-3741-4218.

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 1984 41

No of Children : 3.

Address : Poguvupalli (vi)

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.

Signature/Thumb Impression : Sumithra

Name : T-Sumithra.

BAVYA

The accession number is the Reference Number for communication with BAVYA

Barcode

RETURN THIS PAGE WITH SAMPLES

23/10/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Sabojamma	1986	49	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	50	112	78	74	98.1	98	45	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0831	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	P.Guru Palli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: R. KALPANA

Team: 03

Phone Number: 8790721642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

BHSPL – UHS – KPM

500000000002045

2510
4

23/10/25

First Name : N. Sarojamma

Last Name :

Your Email :

Phone Number : 9121509511

Aadhaar Number : 5334 - 1193 - 5032

ABHA Health ID Number : 42-4513-4544-7184.

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : ☐☐☐☐1986 39/F

No of Children : 1

Address : Pogustupalli, Gudupalli

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.

Signature/Thumb Impression : Sarojamma.

Name : N. Sarojamma.

(4)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

500000000002495

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Mangamma	1972	53	Female.	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	63	110	71	74	98.1	98	45	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day		Month		Year			
2	3	1	0	2	0	2	5

(Eg: 01 | 10 | 2025)

Collection Time				
0	8	0	0	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Pogurupalli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by Kalpana. **# Team** 03

Phone Number 8790721642

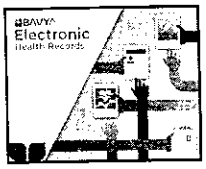
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(6)

BAVYA

PATIENT DETAILS 23/10/25



First Name : Mangamma.

Last Name :

Your Email :

Phone Number : 91484 97951.

Aadhaar Number : 355 8 9782 6180

ABHA Health ID Number : –

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : ☐☐☐☐1972.53.

No of Children : 3

Address : Poguvapalli (v), Gudupalli (m)
chittoor (dist)

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.

Signature/Thumb Impression : మంగమ్మ

Name : Mangamma

BAVYA

The accession number is the Reference Number for communication with BAVYA	Barcode

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
V. Gowrappa	1971	54	Male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
176	75	130	90	75	98.1	98	45	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	0830 AM ☑ PM ☐	Village	Poguru Palli
				Mandal	Gudupalli

(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 kalpana. **# Team** 03

Phone Number 8790721642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

BHSPL – UHS – KPM

2510
4

500000000002780

PATIENT DETAILS

23/10/25

First Name : V. Gowrappa

Last Name :

Your Email :

Phone Number : 9000474390

Aadhaar Number : 8931 3391 5386

ABHA Health ID Number : 17 - 1573 - 5148 - 5254

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 1971 54

No of Children : 3

Address : Pogurupalli, Gudupalli

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.

Signature/Thumb Impression :

Name : Gowrappa.

BAVYA

The accession number is the Reference Number for communication with BAVYA	Barcode

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Bhagyamma.	1981	44	Female.	Y ☐ N ☑

VITALS

Height (Inches)	Weight (Kgs)	Blood Pressure		HR	Temp	SpO2	Waist (Inches)	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
156	49	112	81	73	97.1	97	44	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
08	00	AM ☑	PM ☐	

(Eg: 07:15 AM)

Collection Location	
Village	Poguru Palli
Mandal	Gudupalli

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: R. KALPANA

Team: 03

Phone Number: 8790721642

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

Online Entry Done (1)

BAVYA

PATIENT DETAILS

23/10/25

BHSPL – UHS – KPM

BHSPL103164

2610
1

First Name : Bhagyamma

Last Name :

Your Email :

Phone Number : 8125429837

Aadhaar Number : 4126- 4899 - 7295

ABHA Health ID Number : 67 - 4368 - 8284 - 7805

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married.

Date of Birth : 1981 44/F

No of Children : 2

Address : Pogurupalli (V), Gudupalli (M)

Chittoor (Dist)

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.

Signature/Thumb Impression : T. భాగ్యమ్మ T3

Name : Bhagyamma.

Demography completed

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103057

2510

RETURN THIS PAGE WITH SAMPLES

UHS Completed

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
C. Suryakumar	01/01/1977	48	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
162	64	161	114	96	93.3	98	31	Y ☐ N ☑	Y ☑ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
8 19	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottaluru
Mandal	

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

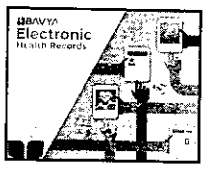
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(1) 23/10/25

BAVYA

PATIENT DETAILS (16)



First Name : C suryakumar

Last Name :

Your Email :

Phone Number : 9177870053

Aadhaar Number : 918448379119

ABHA Health ID Number : 91-6770-7623-3753

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1977 48

No of Children : 1+2

Address : kottaluru [u/]

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, Suryakumar
Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103051

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
G. Chennayya	01/01/1974	51	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
65	156	130	86	88	96	98	20	Y ☑ N ☐	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
858	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottaluru
Mandal	

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by K. Akhila

 # Team 06

Phone Number 6301189055

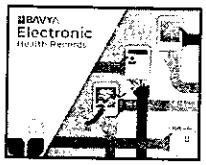
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(3) 23/10/25

BAVYA

PATIENT DETAILS



First Name : G. Chennayya

Last Name :

Your Email :

Phone Number : 9494394853

Aadhaar Number : 299562530 9880

ABHA Health ID Number : 36-4603-4435-2376

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1974

No of Children : 2+2

Address : Kottaluru [Vi]

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.

G. Chi

Signature/Thumb Impression :

Name :

online Entry Done 23/10/25

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102829

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
S. Gangamma	01/01/1980	45	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
151	49	101	77	98	95.3	96		Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
8	45		AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottaluru
Mandal	

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

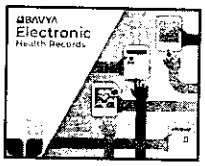
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(2) 23/10/25

BAVYA

PATIENT DETAILS



First Name : S. Gangamma

Last Name :

Your Email :

Phone Number : 9177870053

Aadhaar Number : 9010 9130 3256

ABHA Health ID Number : 77-5885-5112-1227

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1980

No of Children : 1+2

Address : Kottaluru (Vij

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103254

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
C. manikyam	01/01/1965	64	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
160	55	153	98	95	97.2	86	37	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1118	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	kottalury
Mandal	kuppam

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

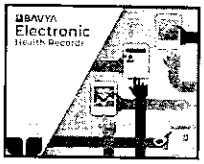
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(14) 23/10/25

BAVYA

PATIENT DETAILS



First Name : C

Last Name : manikyam

Your Email :

Phone Number : 9121023580

Aadhaar Number : 949036129040

ABHA Health ID Number : 60-7482-1545-7228

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1965

No of Children : 2+1

Address : kottaluru [VI]

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102379

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
R. Chennamma	01/01/1983	42	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
45	150	92	57	80	96.3	89	36	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time					
1	0	5	0	AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottaluru
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

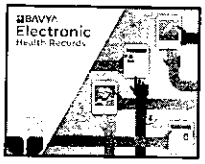
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(13) 23/10/25

BAVYA

PATIENT DETAILS



First Name : R

Last Name : Chennamma

Your Email :

Phone Number : 9666731633

Aadhaar Number : 727311881290

ABHA Health ID Number : 91-5272-5106-7379

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1983

No of Children : 3

Address : Kottaluru

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103072

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
selvi	01 / 01 / 1993	38	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	60	110	74	85	98.3	98	35	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time
10:35 AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kothaluru
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

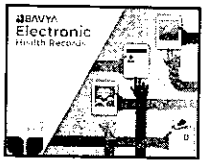
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(12) 23/10/25

BAVYA

PATIENT DETAILS



First Name :

Last Name : Selvi

Your Email :

Phone Number : 9550080635

Aadhaar Number : 901076485716

ABHA Health ID Number : 13-6267-6407-7825

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01011993

No of Children : 2+2

Address : Kottalam [Vi]

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.

S.Selvi
Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102838

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Nadipapa	01/01/1964	61	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	50	124	82	105	96.3	86	34	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time					
11	02	AM ☑	PM ☐		

(Eg: 07:15 AM)

Collection Location	
Village	Kottalumu
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

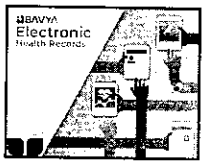
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(11) 23/10/25

BAVYA

PATIENT DETAILS



First Name : M

Last Name : Nadipapa

Your Email :

Phone Number : 9989324291

Aadhaar Number : 535284683221

ABHA Health ID Number : 91-2452-2017-7456

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Un married

Date of Birth : 01/01/1964

No of Children :

Address : Kottalur (vi)

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

500000000001723

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
A. Kaburu	12/05/1998	28	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
176	80	169	89	65	97	88		Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time					
1	0	2	0	AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Adavibudugunu[Vi]
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

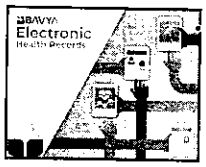
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(10) 23/10/25

BAVYA

PATIENT DETAILS



First Name : A

Last Name : kaburu

Your Email :

Phone Number : 7095117710

Aadhaar Number : 979936339404

ABHA Health ID Number : 13-5100-8520-7481

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married

Date of Birth : 12 05 1998

No of Children : 1

Address : Adavibudugunu [VI]

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.

A. Kaburu

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102965

2510

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
S. Tilaka	01/01/1989	36	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
157	50	110	70	76	97.5	98	30	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time				
10	0		AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottalura
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189088

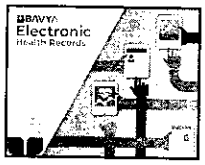
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

9 23/10/25

BAVYA

PATIENT DETAILS



First Name : S

Last Name : Tilaka

Your Email :

Phone Number : 7658925944

Aadhaar Number : 5996 1287 9256

ABHA Health ID Number : 52-8612-3253-6351

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1989

No of Children : 2+4

Address : Kottalura [V.I]

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.

S. తిలక

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102931

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
D. Ajith Kumar	10/07/1996	29	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
165	72	140	120	98	97.2	99	33	Y ☐ N ☑	Y ☑ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
954	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kothalur
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by K. Akhila

 # Team 06

Phone Number 6301189055

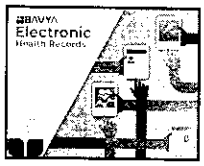
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(8) 23/10/25

BAVYA

PATIENT DETAILS



First Name :

Last Name : D. Ajith Kumar

Your Email :

Phone Number : 7993814432

Aadhaar Number : 9828 4469 0341

ABHA Health ID Number : 91-5423-3381-3153

Gender : ☑ Male ☐ Female ☐ Other

Marital Status :

Date of Birth : 1 0 0 7 1 9 9 6

No of Children : 1+2

Address : Kottalur (v)

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL -- UHS -- KPM

BHSPL102990

2610
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
R. Chandra	01/01/1979	46	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
151	45	146	78	64	97	96	30	Y ☐ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
	AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottalury
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

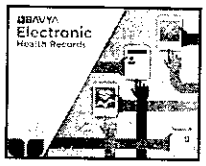
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(7) 23/10/25

BAVYA

PATIENT DETAILS



First Name : R

Last Name : Chandra

Your Email :

Phone Number : 9676619307

Aadhaar Number : 749781606453

ABHA Health ID Number : 53-3523-0806-3651

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1979

No of Children : 1+2

Address : kottaluru [Vi]

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 102945

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Jamuna	01/01/1975	50	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	40	100	70	85	96.5	99	27	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
926	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kothaluru
Mandal	

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

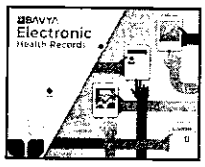
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

6

BAVYA

PATIENT DETAILS



First Name : N

Last Name : Jamuna

Your Email :

Phone Number : 8890179527

Aadhaar Number : 317058316639

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01 01 1975

No of Children : 1+3

Address : Kottalam (V)

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.

Jamuna

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

500000000002711

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
R. Radha	01/01/1976	49	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
147	46	120	70	78	95.2	98	30	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time					
9	3	5		AM ☑	PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottalam
Mandal	

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: 6301189 K. Akhila

Team: 06

Phone Number: 6301189055

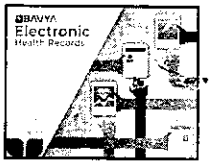
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(5) 23/10/25

BAVYA

PATIENT DETAILS



First Name : R

Last Name : Radha

Your Email :

Phone Number : 9490550030

Aadhaar Number : 2338 6169 6088

ABHA Health ID Number : 75-3782-6868-6664

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : married

Date of Birth : 01/01/1976

No of Children : 2+1

Address : kottalury

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.

23/10/25

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 102935

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
K. Rajendran	01/01/1971	54	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
171	75	117	77	69	98.2	98	32	Y ☑ N ☐	Y ☑ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
900	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kottaluru
Mandal	

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: K. Akhila

Team: 06

Phone Number: 6301189055

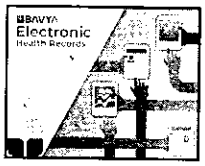
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(4) 23/10/25

BAVYA

PATIENT DETAILS



First Name : K

Last Name : Rajendran

Your Email :

Phone Number : 9490550030

Aadhaar Number : 448954951 4823

ABHA Health ID Number : 91-7556-2332-4612

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : married

Date of Birth : 01 01 1971

No of Children : 2+1

Address : Kottalam

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL100597

2516
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
P. Afiya	19/08/1986	36y	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
60 45	62	173	102	88	97	98	40	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location
23	10	2025	9.30 AM ☑ PM ☐	Village: madal colony; Mandal: KPM

(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: R. Shilpa

Team: 10

Phone Number: 9701060701

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25

49

First Name : P. Ahuja

Last Name : -

Your Email : -

Phone Number : 8247257565

Aadhaar Number : 9825 1912 3855

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Yes

Date of Birth : 19/08/1978 36y

No of Children : 1

Address : model colony Dhapali-2

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.

Signature/Thumb Impression :

Name : P AHUJA

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102151

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Lakshmi	01/01/1982	42y	F	Y ☐ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
142	40kgs	105	66	90	98	97	37	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	0740 AM ☑ PM ☐	Village	madal colony
				Mandal	Kpm

(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: R. Shilpa # Team: 10

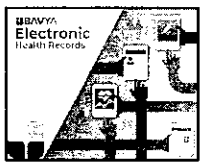
Phone Number: 9701060701

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS



22

First Name : Lakshmi

Last Name : -

Your Email : -

Phone Number :

Aadhaar Number : 7381 1970 2878

ABHA Health ID Number : -

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Yes

Date of Birth : 01/01/1982 42y

No of Children : -

Address : Model colony Dhupalli-2

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102149

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
G. madhavi	14/07/1992	33y	F	Y ☐ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
155	40	110	80	88	96	98	34	Y ☐ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
9.20	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	madal colony
Mandal	kpm

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: R. Shilpa

Team: 10

Phone Number: 9701060701

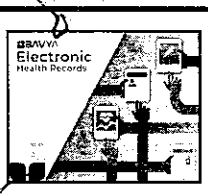
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

Motal colony(V) D.K Palli - 2 - (P) E-Lab- demography — entry Done

BAVYA

PATIENT DETAILS



48

23/10/25

First Name : G. madhavi

Last Name : -

Your Email :

Phone Number : 9642-999884

Aadhaar Number : 2013 7686 9604

ABHA Health ID Number : 63-3734-1235-0386

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Wed

Date of Birth : 14/07/1992 33y

No of Children : 2

Address : model colony

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.

G. madhavi

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM
BHSPL 101686
2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Jayaram	1956	65y	M	Y ☐ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150cms	62	148	123	98	98.5°F	98	43	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
9.00	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	madal colony
Mandal	Kpm

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by R. Shilpa

 # Team 10

Phone Number 9701060701

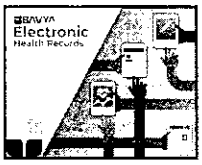
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



50

First Name : M. Jayaram

Last Name :

Your Email :

Phone Number : 9000716377

Aadhaar Number : 2419 9863 6576

ABHA Health ID Number : 54-2756-3360-6465

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Mar

Date of Birth : 1956 ~~1956~~ 65y

No of Children : 1

Address : model colony Dharmapuri-2

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.

Signature/Thumb Impression :

Name :

23/10/25

(7)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

500000000002693

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
K. Durgadevi	5/8/1992	33y	F.	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
153	71.	160	78.	89.	98.6°	98	35	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0940	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Minagakaluvan
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: N. Pushpamba HA(F)

Team: T9.

Phone Number: 9391024718

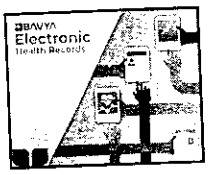
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (7)

BAVYA

PATIENT DETAILS



First Name : K. Durgadevi 33y

Last Name : W/o Kadirivelu

Your Email :

Phone Number : 9398552918

Aadhaar Number : 7983 8762 6300

ABHA Health ID Number : 91-4426-8642-1110

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 05 08 1992

No of Children : 2.

Address : Vinayakapuram (vi) Cheemanagapalli (Po)

Kuppam

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.

K. Durgadevi

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL101378

2510
4

RETURN THIS PAGE WITH SAMPLES 23/10/25 (15)

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Siva	01/01/1996	29y	Male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
163	77	129/78	78	95	98.6°c	98	36	Y ☐ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1106	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Vinayakapuram
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by N. Pushpalatha **# Team**

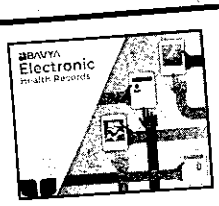
Phone Number 93910 24718

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS



First Name : SIVA 294

Last Name : S/Mani

Your Email :

Phone Number : 9676060152

Aadhaar Number : 7264- 2992 7669

ABHA Health ID Number : 91-4311-3526-5434

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Unmarried

Date of Birth : 01/01/1996

No of Children : —

Address : Bairugani palli
Kuppam

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.

Signature/Thumb Impression :

Name :

BAVYA

23/10/

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 102696

2510
1

RETURN THIS PAGE WITH SAMPLES

(13)

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
V. Rajkumar	22/8/94	31y	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
~~164~~	78	135	85	59	98.6F	98	36	Y ☑ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	1042 AM ☑ PM ☐	Village	Kinayakapuram
				Mandal	Kuppam

(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 N pushpamba FIA(F) **# Team** T9

Phone Number 9391024718

For Sample Submission HUB use only

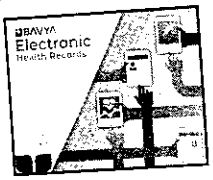
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25

(13)

BAVYA

PATIENT DETAILS



First Name : V. Raj Kumar 31y

Last Name : M. Velu

Your Email :

Phone Number : 9533666135

Aadhaar Number : 4156-4780-5593

ABHA Health ID Number : 43-6605-5130-8189

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Un married

Date of Birth : 22 08 1994

No of Children : —

Address : Vinayaka puram
Cheemarayanepalli

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102864

2510
4

RETURN THIS PAGE WITH SAMPLES

23/10/25 (14)

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
H. Arun Kumar	05/09/2002	23y	Male	Y [–] N [✓]

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
~~168~~ 180	76	145	84	86	98.6F	99	34	Y [–] N [–]	Y [✓] N [–]

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	10:47 AM [✓] PM [ ]	Village	Vinayakapuram
(Eg: 01 | 10 | 2025)			(Eg: 07:15 AM)	Mandal	Kuppam

Patient fasted at least 10 hrs? Y [✓] N [ ]

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: N. pushpamba

Team: T-9

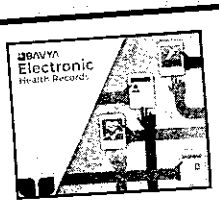
Phone Number: 9391024718

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 [✓] 2 [✓]	Y [ ] N [ ]	

BAVYA

PATIENT DETAILS



First Name : H. Arun Kumar 234

Last Name : S/o Haneemanthu

Your Email :

Phone Number : 9618878542

Aadhaar Number : 7071 5714 8739

ABHA Health ID Number : 75-3723-2020-4639

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Un married

Date of Birth : 5 5 0 9 9 0 0 2

No of Children : —

Address : Vinayakapuram
Cheemarayanapalli

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.

H. Arunkumar

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 101382

2510
4

RETURN THIS PAGE WITH SAMPLES

(12)

23/10/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
B C. Santhosh Kumar	23/7/89	36y	M.	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
172	65	122	90	85	98°F	96		Y ☐ N ☑	Y ☑ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	10:10 AM ☑ PM ☐	Village	Vinayakapuram
				Mandal	Kalyan.

(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: N. Pushpamma HA(P) # Team: 79.

Phone Number: 9391024718.

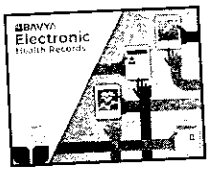
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

23/10/25



First Name : B.c. Santhosh Kumar 364

Last Name : S/o B. Chandra Sekhar,

Your Email :

Phone Number : 7780270423

Aadhaar Number : 5171 1011 9198

ABHA Health ID Number : 13-0450-5830-2365

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : I'm married

Date of Birth : 01/01/1989

No of Children : —

Address : Vinaya Kapuram (V)
Cheemanayanapalli

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.

B. C.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103330

2510
4

RETURN THIS PAGE WITH SAMPLES 23/10/25

(11)

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Murugan	01/01/1987	34 y	Male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
164	59	115	83	85	98.6f	98	32	Y ☐ N ☑	Y ☐ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location
23	10	2025	1018 AM ☑ PM ☐	Village: Vinayakapuram; Mandal: Kuppam

(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: N Pushpamba. HA(D)

Team: TQ.

Phone Number: 9391024718

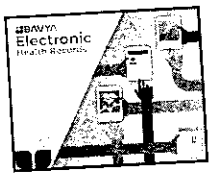
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☑ 2 ☑	Y ☐ N ☐	

23/11/25

BAVYA

PATIENT DETAILS



First Name : Muruegan 38y/M

Last Name : S/o Manikyam

Your Email :

Phone Number : 9566831823

Aadhaar Number : 7576 6471 9680

ABHA Health ID Number : 91-6613-1082-4130

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1987

No of Children : 3

Address : Vinayakapuram
cheemanayanapalli

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.

M. MUROGHAN.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103301

2510
4

RETURN THIS PAGE WITH SAMPLES

(10)

23/10/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Poovarasan.	30/8/1995	35y	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
175	69	112	82.	84.	98.6°F	97	34	Y ☐ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	1000 AM ☑ PM ☐	Village	Vinayakapuram
				Mandal	Kuppam

(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: N. Pushpamba. # Team: 79.

Phone Number: 9391024718.

For Sample Submission HUB use only

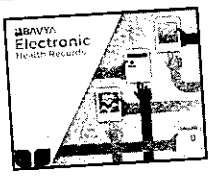
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

(10)

23/10/25



First Name : K. Poovarasan. 30/M

Last Name : S/o. Kadirivelu.

Your Email :

Phone Number : 9845572590.

Aadhaar Number : 461750321237

ABHA Health ID Number : 91-5523-5[illegible]-4048

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 30/08/1995

No of Children : 1.

Address : Vinayakapuram (Vi) Theemanayana palli (Po) Kuppam.

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.

× K. PUVARASAN

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

(9)

BHSPL – UHS – KPM

BHSPL103058

2510
1

RETURN THIS PAGE WITH SAMPLES

23/10/25

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Manju.	1988.	37y.	F	Y ☐ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
154.	82.	128	87.	82	98.6F	99	36	Y ☐ N ☑	Y ☐ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
10.00	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Vinayakapura
Mandal	Kulpa

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: V. Pushpamba LIA(T)

Team: T9

Phone Number: 9391024718

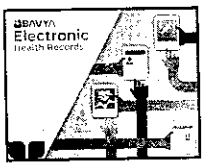
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS

(9)
23/10/25



First Name : Manju 37y/F

Last Name : w/o. Govindaraju.

Your Email :

Phone Number : 9701544067

Aadhaar Number : 392865099532.

ABHA Health ID Number : 13-2756-6422-3412

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 01/01/1988

No of Children : 2

Address : Vinayakapuram(v) Chennanayanapalli (Po)
Kuppam.

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.

Signature/Thumb Impression :

Name :

23/10/25

(8)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 102964

2510

1

RETURN THIS PAGE WITH SAMPLES

(S)

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Shakunthala.	1957.	68y	F.	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
158	55	114	92	66.	98.6F	99.	30.	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day		Month		Year			
2	3	1	0	2	0	2	5

(Eg: 01 | 10 | 2025)

Collection Time				
0	9	4	0	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Vinayakapuram
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: N. Pushpamba HA (E)

Team: T9.

Phone Number: 9391024718.

For Sample Submission HUB use only

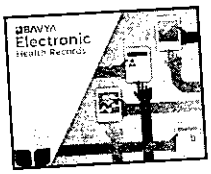
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(8)

(3)

BAVYA

PATIENT DETAILS



First Name : Shakunthala. 68y/F

Last Name : w/o Shanmugam.

Your Email :

Phone Number : 988.0166363.

Aadhaar Number : 8833 7735 5936

ABHA Health ID Number : 33-8684-8530-8044

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 01/11/1957

No of Children : 5

Address : Vinayakapuram (vi) Cheemanayanapalli (Po) Kuppam

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.

Signature/Thumb Impression :

Name :

23/10 PR (6)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102798

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Nayaiah	1973	52y	M	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
171	96.	142/95	95	79.	98.6°F	96	38	Y ☑ N ☐	Y ☑ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	0930 AM ☑ PM ☐	Village	Nimayakapalli
				Mandal	Kuppam

(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: N. Pushpamba HA(E)

Team: T9.

Phone Number: 9391024718

For Sample Submission HUB use only

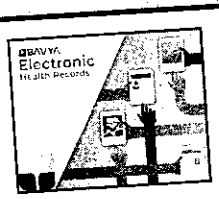
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(6)

23/10/25

BAVYA

PATIENT DETAILS



First Name : N. Nagaiah 52y/M.

Last Name : S/o. Venkatesh

Your Email :

Phone Number : 9885874968

Aadhaar Number : 3056 1968 8255

ABHA Health ID Number : 71-4173-8588-4424

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married.

Date of Birth : 01.01.1973

No of Children : 2.

Address : Vinayakapuram (v) Cheenanayanapalli (Po) Kuppam.

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.

Signature/Thumb Impression :

Name :

23/10/25

(5)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103324

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
A. Vamsi	05/11/2004	21y	Male	Y ☐ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
178	80	128	85	82	98.6 F	98	34	Y ☐ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0844	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Viraje Kapuram
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by _____ # Team _____

Phone Number _____

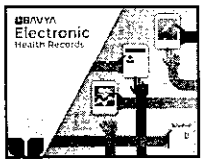
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(5)

BAVYA

PATIENT DETAILS 23/10/25



First Name : A. Vamsi

Last Name : Anand babu

Your Email :

Phone Number : 9030 8199 39

Aadhaar Number : 3459 1824 7105

ABHA Health ID Number : 34-8303-3476-0006

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Un marreid

Date of Birth : 05/11/2004

No of Children : —

Address : Vinayaka puram
cheemakayalapalli

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.

A. Vamsi..
Signature/Thumb Impression :

Name :

23/10/25

BAVYA

(3)

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103344

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
G. Venugopal.	1/1/1962.	63y	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
168	Surg.	~~164~~	~~84~~	67.	98.6F	99		Y ☑ N ☐	Y ☑ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	08:10 AM ☑ PM ☐	Village	Vinayaka Puram
				Mandal	Kuppam

(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 ANM. **# Team** T9

Phone Number 9391024718.

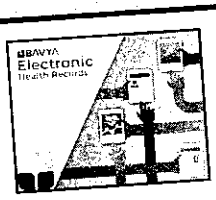
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☑ 2 ☑	Y ☑ N ☐	

(3)

BAVYA

PATIENT DETAILS



First Name : Venu Gopal 634

Last Name : S/o chinnappayai

Your Email :

Phone Number : 8688336565

Aadhaar Number : 6570 1220 5049

ABHA Health ID Number : 70-6388-1120-1531

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1962

No of Children : 2

Address : Vinayekapuram
Cheemanayanappa

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.

Signature/Thumb Impression : VGVenugopal

Name :

23/10/25

(2)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102853

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
S. Mazeera	1/1/1998	27y.	F.	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
155cm.	70kg	119/	80	93	98.6°F	99	35	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	0801 AM ☑ PM ☐	Village	Vinayakapuram
				Mandal	Kuppam

(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 ANM. **# Team** T9.

Phone Number 9391024718.

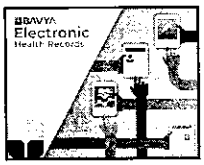
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☑ 2 ☑	Y ☐ N ☐	

(2)

BAVYA

PATIENT DETAILS



First Name : S. Hazeera 274

Last Name : Bahudin Basha

Your Email :

Phone Number : 9573562266

Aadhaar Number : 6283 2644 8397

ABHA Health ID Number : 71-5851-5636-[illegible]

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1998

No of Children : 2

Address : Vinaya Kapuram
Lakshmipuram, Cheemanayanapalli

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.

S. Hazeera

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102949

2510
2

RETURN THIS PAGE WITH SAMPLES

23/10/23 (16)

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
T. Stimmi	17/08/1994	31y	female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
148	59	99	73	88	98.6	99	32	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1120	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Vinayakapuram
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: N. pushpha ba

Team: T9

Phone Number: 93910 24718

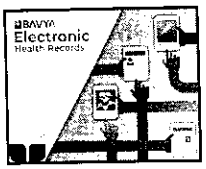
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

16

BAVYA

PATIENT DETAILS



First Name : T. Stimmi 304

Last Name : W/o Umesh

Your Email :

Phone Number : 96420 96466

Aadhaar Number : 3512 0297 0323

ABHA Health ID Number : 53-3735-1150-7789

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married

Date of Birth : 17 08 1994

No of Children : -

Address : Vinayaka puram
cheemanagana palli

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.

T Stimmi

Signature/Thumb Impression :

Name :

23/10/25

(1) Demography Completed

BAVYA

Online Entry Done...

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102861

RETURN THIS PAGE WITH SAMPLES

T9

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Dharani	01/01/1982	43y	Male	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
173	90	210	145	94	98.6F	99	38	Y ☑ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	0750 AM ☑ PM ☐	Village	Vinayakapuram
(Eg: 01 | 10 | 2025)			(Eg: 07:15 AM)	Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: N. Pushpavalli (MPHA(F)) # Team: T9.

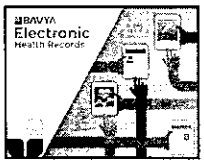
Phone Number: 9959860598

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☑ 2 ☑	Y ☐ N ☐	

BAVYA

PATIENT DETAILS



First Name : Dharani

Last Name :

Your Email :

Phone Number : 9959860598

Aadhaar Number : 4847 5654 6249

ABHA Health ID Number : 30-2352-0847-8855

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1982

No of Children : —

Address : Vinayaka puram
Lakshmipuram Cheranmanjanpalli

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.

Signature/Thumb Impression :

Name : Dharani

23/10/25

BAVYA

(4)

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102778

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
G. Madhavan	01/01/1968	57y	Male	Y (–) N (–)

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
160	58	126	86	63	98	99	32	Y (–) N (✓)	Y (–) N (–)

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0832	AM (✓) PM ( )

(Eg: 07:15 AM)

Collection Location	
Village	Vinayakapura
Mandal	Kuppam.

Patient fasted at least 10 hrs? Y (✓) N ( )

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: ANM. N. Pushpamba

Team: T9.

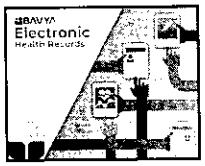
Phone Number: 9391024718

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 (✓) 2 (✓)	Y ( ) N ( )	

BAVYA

PATIENT DETAILS



First Name : G. Madhavan

Last Name : Govindhaswamy

Your Email :

Phone Number : 9618657431

Aadhaar Number : 2551 5102 8894

ABHA Health ID Number : 18-4772-6704-8879

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01 01 1968

No of Children : 3

Address : Vinayekapuram
Cheemanayenapalli

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.

Signature/Thumb Impression :

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL100355

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Kalavani	01/01/1975	~~50~~ 50	F	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
142	50	15		90	98.2	92	42	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	09:30 AM ☐ PM ☐	Village	Kongundhi
				Mandal	KUPPAM

(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: Padmavathi # Team: 02

Phone Number: 9182660746 M:- 8074664586

For Sample Submission HUB use only

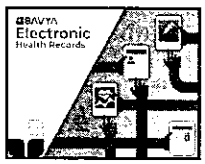
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(7)

23-10-25

BAVYA

PATIENT DETAILS



First Name : M. Kalyani

Last Name : Kalyani

Your Email :

Phone Number : 9182660746

Aadhaar Number : 4496-9762-0849

ABHA Health ID Number : 24-3546 2703-5465

Gender : ☐ Male ☑ Female ☐ Other

Marital Status :

Date of Birth : 01011975 – 50 Y

No of Children : 4

Address : Kangundi(V) Kuppam(M)
Chittoor (D)

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.

M. Kalyani

Signature/Thumb Impression :

Name : M. Kalyani

(R)

(6)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 102363

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
C. Vijy Santhi	01/01/1988	37	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
162	64	113	77	93	98	97	42	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0825	AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kangundhi
Mandal	KUPPAM

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by

Team 02

Phone Number +2078172-78

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(6)

23-10-25

BAVYA

PATIENT DETAILS

Electronic Health Records

First Name : C. Vijy Santhi

Last Name : C. Vijy

Your Email :

Phone Number : 7207817278

Aadhaar Number : 6798 0177 4924

ABHA Health ID Number : 68-1216-7865-2580

Gender : ☐ Male ☑ Female ☐ Other

Marital Status :

Date of Birth : 0 1 0 1 1 9 8 8 - 37 y

No of Children : 2

Address : Kangundi (V) Kumppam (M) Chittoor (D)

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. Vijay Santhi

Signature/Thumb Impression :

Name : విజయశాంతి

(5)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102365

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Muthu	01/01/1979	46y	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	45	112	60	82	98	96	47	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
08:20	AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kangundhi
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by

Team 02

Phone Number 7993503745

For Sample Submission HUB use only

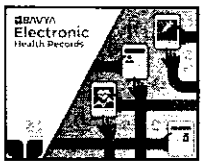
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(5)

23-10-25

BAVYA

PATIENT DETAILS



First Name : N. Muttu

Last Name : N. MUTTU

Your Email :

Phone Number : 7993503745

Aadhaar Number : 3547 6446 6698

ABHA Health ID Number : 17-1457-8717-2802

Gender : ☑ Male ☐ Female ☐ Other

Marital Status :

Date of Birth : 01/01/1979 - 46 y

No of Children : 2

Address : Kungundhi (v)

Kuppam (M) Chittoor (Dt)

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.

Signature/Thumb Impression :

Name : N Muttu

(3)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL101756

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Soma	01/01/1986	39-Y	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	56	140	77	87	95	98	35	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0807	AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kangondhi
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by

Team 02

Phone Number 7993881457 3

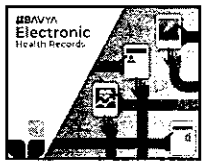
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(3)

BAVYA

PATIENT DETAILS



First Name : N. Soma

Last Name : N. Soma.

Your Email :

Phone Number : 7993814573

Aadhaar Number : 859029954943

ABHA Health ID Number : 43-6377-4310-8563

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1986 - 39/F

No of Children : 2 children

Address : Kungandhi (V) sc colony
Kuppam (M) chittoor (Dt)

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.

x
Signature/Thumb Impression :

Name : N. Soma

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL101760

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
S. Mangamma	12/09/1992	33 Y	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	36	105	66	87	95	98	35	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time
8 : 03 AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kanaparthi
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by _____ **# Team** 02

Phone Number 7993321224

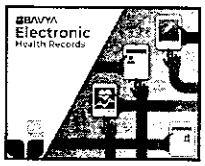
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23-10-25 (2)

BAVYA

PATIENT DETAILS



First Name : S. Mangamma

Last Name : S. Mangamma.

Your Email :

Phone Number : 7993321224

Aadhaar Number : 517889174029

ABHA Health ID Number : 61-1551-4686-4085

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 12 | 09 | 1992 - 33 y

No of Children : 03

Address : Kamgundlhi (V) Kuppam (M)
Chittoor (Dt)

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.

Signature/Thumb Impression :

Name : S. Mangamma.

(1)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102376

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
V Jagdeesh	21/09/1985	~~39~~ 40	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
165	72	137	80	87	97	96	42	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location
23	10	2025	8:00 AM ☐ PM ☐	Village: Kunguda; Mandal: Kuppam (Mandal)

(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: 2

Phone Number: 7993321224

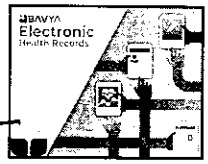
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(1)

BAVYA

PATIENT DETAILS



23-10-2025

First Name : V. Jagdeesh

Last Name : V. Jagdeesh

Your Email :

Phone Number : 7993321224

Aadhaar Number : 5540 1020 1704

ABHA Health ID Number : 61-1612-7618-3287

Gender : ☑ Male ☐ Female ☐ Other

Marital Status :

Date of Birth : 21/09/1985 - 40 y

No of Children : 3 children

Address : Ramgundhi (V) Kuppam (M)
Chittoor (Dt)

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.

Signature/Thumb Impression :

Name : V. Jagadeesh

(9)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102355

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Karthik	05/02/1993	32 y	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
163	57	127	89	101	97	95	42	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
0941	AM ☐ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	Kambundhi
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☐ N ☑

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by

Team 02

Phone Number 9182-660746

For Sample Submission HUB use only

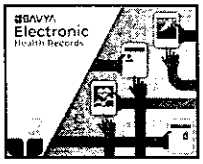
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(9)

23-10-25

BAVYA

PATIENT DETAILS



First Name : M. Karthik

Last Name : M. Karthik

Your Email :

Phone Number : 9182660746

Aadhaar Number : 7690 6502 0580

ABHA Health ID Number : 24-1702-1132-7017

Gender : ☑ Male ☐ Female ☐ Other

Marital Status :

Date of Birth : 05021993 - 32 y

No of Children :

Address : Kangundi Colony (V&P) Kuppam (M&D)
Kuppam (Dt)

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.

M. Karthik

Signature/Thumb Impression :

Name : M. Karthik

(4)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL101602

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
M. Usha	01/01/1989	36 y	F	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	49	112	66	85	92	96	42	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	08:12 AM ☐ PM ☐	Village	Kangondhi
				Mandal	Kuppam

(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 02

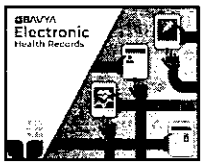
Phone Number 9618257871

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

BAVYA

PATIENT DETAILS



23-10-2025

First Name : M. Usha

Last Name : M. Usha

Your Email :

Phone Number : 9618257871

Aadhaar Number : 608247391637

ABHA Health ID Number : 28-4376-76-48-6154

Gender : ☐ Male ☑ Female ☐ Other

Marital Status :

Date of Birth : 01011989 - 36 Y

No of Children : 2

Address : Kungundi (V) Kangundhi (P)
Kuppam (M) Chittoor (Dt)

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.

x M. Usha

Signature/Thumb Impression :

Name : M. Usha.

(8)

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL100357

2510
3

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Murthi	01/01/1985	40 y	M	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
145	70	138	94	96	98	94	55	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location
23	10	2025	0932 AM ☐ PM ☐	Village: Kungondhi; Mandal: Kuppam

(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: 02

Phone Number: 7815977273

For Sample Submission HUB use only

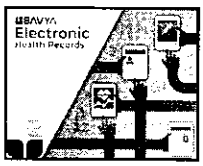
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

(8) Online Entry Completed E-Lab Done 23-10-25

Demographic

BAVYA

PATIENT DETAILS



First Name : N Moorthi

Last Name : N. Moorthi

Your Email :

Phone Number : 7815972273

Aadhaar Number : 8554-7246-5979

ABHA Health ID Number : 13-2163-0858-5543

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1985 ~40 y

No of Children : 2.

Address : Kanyandi(v) Kuppam(M)
Chittoor(D)

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. మూర్తి

Signature/Thumb Impression :

Name : N. Moorthi

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103039

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
K. Subhasini	01/01/1988	37y	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	70	124	83	73	88	99	34	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
10.01	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

For Sample Submission HUB use only

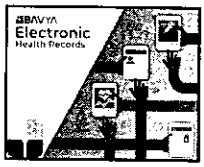
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25

32

BAVYA

PATIENT DETAILS



First Name : K. Subhasini

Last Name : 37yu 1 r

Your Email :

Phone Number : 8919389230

Aadhaar Number : 6010 3204 4513

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 0 1 0 1 1 9 8 8

No of Children : 0+2.

Address : Nethaji Road. Tuppam

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.

Signature/Thumb Impression : K. Subhasini

Name : K. Subhasini

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103004

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Syamalamma	01/01/1976	56 y	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
154	62	126	74	83	98	94	36	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1019	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

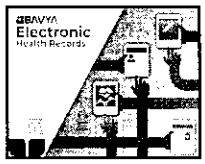
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (34)

BAVYA

PATIENT DETAILS



First Name : N. Syamalamma.

Last Name : 56yr | F

Your Email :

Phone Number : 9346561557

Aadhaar Number : 9668 5730 3738

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 01011976

No of Children : 0+3

Address : TB Road, KPM

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.

Signature/Thumb Impression : N. Syamalamma

Name : N. Syamalamma

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103062

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
B.R. Jagannath	03/02/1981	45y	Male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
158	61	120	80	92	101	97	33	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
10:40	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

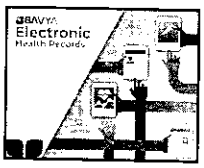
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (36)

BAVYA

PATIENT DETAILS



First Name : B. R. Jagannath

Last Name : 45yrs / M

Your Email :

Phone Number : 9490063381

Aadhaar Number : 3074 1584 7564

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married.

Date of Birth : 03021981

No of Children : 1+2.

Address : TB Road, KPM

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.

Signature/Thumb Impression : BRJagannath

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL100287

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
T. Julianamma	01/01/1965	58y	female	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	62	180	90	96	80	99	38	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1032	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Tirupam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

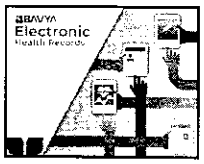
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 ~~35~~ 40

BAVYA

PATIENT DETAILS



First Name : T. JULIANAMMA

Last Name : 58yrs | f

Your Email :

Phone Number : 9676567873

Aadhaar Number : 5916 9360 8603

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status :

Date of Birth : | | | | 1 | 9 | 6 | 5 |

No of Children : 0 + 2

Address : TB Road, KPM

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.

Signature/Thumb Impression : *

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103060

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
G.M. praveena	2/11/1998	394	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
157	72	120	76	87	90	97	36	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
9.55	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB Road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: Greenela

Team: 8

Phone Number:

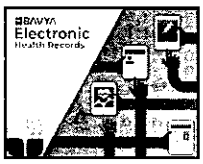
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (27)

BAVYA

PATIENT DETAILS



First Name : G.M. Praveena.

Last Name : 39yrs /F

Your Email :

Phone Number : 9032724896

Aadhaar Number : 4741 6830 9211

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 02/1/1985

No of Children : 1+1

Address : chitharanjan Road.
Kuppam

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.

Signature/Thumb Impression : G.M. Praveena

Name : GM. praveena

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103956

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
S. K. Krishna Murthy	01/01/1978	584	Male	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
156	78	120	80	100	109	95	38	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year	Collection Time	Collection Location	
23	10	2025	9.59 AM ☑ PM ☐	Village	TB Road
				Mandal	Kuppam

(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: G. Veenela # Team: 8

Phone Number:

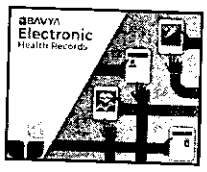
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25

BAVYA

PATIENT DETAILS



First Name : S.K. Krishna Murthy

Last Name : 58yrs / M

Your Email :

Phone Number : 9949 038340

Aadhaar Number : 5099 1779 5753.

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 0 0 0 1 1 9 7 8

No of Children : 0+2

Address : Nethaji Road., KPM

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.

Signature/Thumb Impression : ✕

Name : S.K. Krishna Murthy

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103070

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
N. Jansh	02/01/1987	38 y	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
150	75	115	65	98	102	99	37	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
10:59	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

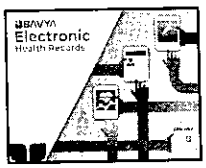
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (44)

BAVYA

PATIENT DETAILS



First Name : N. Janshi

Last Name : 38 | F

Your Email :

Phone Number : 9573376419.

Aadhaar Number : 7958 0591 3881

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married

Date of Birth : 02|01|1987

No of Children : 0+2.

Address : TB Road, KPM

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.

Signature/Thumb Impression : N. Janshi

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL 103014

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
J. Gowthami	04/07/1989	36y	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
153	55	140	92	96	102	98	31	Y ☐ N ☐	Y ☐ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1058	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

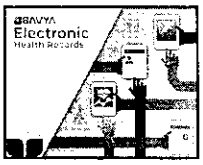
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

43

BAVYA

PATIENT DETAILS



First Name : J. Gowtham;

Last Name : 36yr /F

Your Email :

Phone Number : 9110750054

Aadhaar Number : 2282 3403 3857

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 04/07/1989

No of Children : 1+2.

Address : TB Road, KPM

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.

Signature/Thumb Impression : J. Gowtham

Name : J. Gowtham

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102843

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
D. Sridevi	25/09/1980	464	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	40	140	90	104	98	99	28	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time
1056 AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

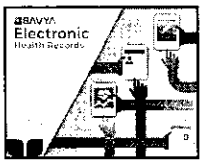
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (39) (42)

BAVYA

PATIENT DETAILS



First Name : D. Sridevi

Last Name : 46yrs | F

Your Email :

Phone Number : 9949765668

Aadhaar Number : 6882 6688 4877

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 25091980

No of Children : 1+1

Address : T B Road, KPM

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.

Signature/Thumb Impression : D. Sridevi

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102870

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
V.R. Manjunath	25/02/1968	57 years	Male	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
163	86	150	80	81	88	93	40	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
9:45	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

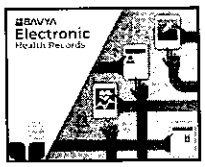
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/24 (25)

BAVYA

PATIENT DETAILS



First Name : V.R. Manjunath

Last Name : 57 yrs / M

Your Email :

Phone Number : 9441997678

Aadhaar Number : 6193 5930 6180

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 25/02/1968

No of Children : 1+0

Address : Chitharanjan Veedi
KPM

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.

Signature/Thumb Impression : V R Manju

Name : V.R Manjunath

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103095

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
T. Veera Nagaiah	01/07/1962	63 y	Male	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
151	69	140	80	77	82	98	36	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1034	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB Road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

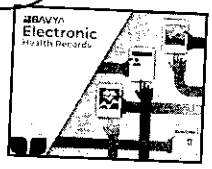
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (38) (41)

BAVYA

PATIENT DETAILS



First Name : T. VEERA NAGAIAH

Last Name : 63yrs | M

Your Email :

Phone Number : 9969701295

Aadhaar Number : 9524 2111 0437.

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married.

Date of Birth : 01071962

No of Children : 0+2.

Address : TB Road, KPM

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.

Signature/Thumb Impression : T. Veeraiah

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL103018

2610
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
T. Nityanadam	01/01/1962	64y	Male	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
159	94	128	91	99	94	94	41	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
10:22	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

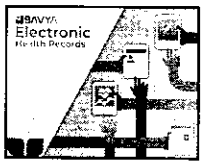
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

39

BAVYA

PATIENT DETAILS



First Name : T. Nityanandam

Last Name : 64yrs | M

Your Email :

Phone Number : 9177033629

Aadhaar Number : 8647 9060 4315

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married.

Date of Birth : 0 1 0 1 1 9 6 2

No of Children : 0+3

Address : TB Road, KPM

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.

Signature/Thumb Impression : T. Nityanandam

Name : T. Nityanandam

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102937

2510
1

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
C.N. Karuna Shree	03/11/1973	51 y	Female	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
161	70	127	82	89	90	99	38	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
1051	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

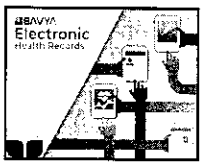
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (38)

BAVYA

PATIENT DETAILS



First Name : C. N. KARUNASHREE

Last Name : 51yrs / F

Your Email :

Phone Number : 9492182777

Aadhaar Number : 9558 1665 2537

ABHA Health ID Number :

Gender : ☐ Male ☑ Female ☐ Other

Marital Status : Married.

Date of Birth : 03/11/1973

No of Children : 1+0

Address : TB Road. Kuppam

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.

Signature/Thumb Impression : x Karunashree. C.N.

Name :

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSFL102865

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Thalipineni Kumara Swamy	21/7/1983	43y	Male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
156	85	193	126	81	78	97	42	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
8:32	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB Road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number: 7702545595

For Sample Submission HUB use only

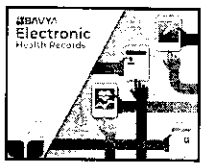
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/2025

9

BAVYA

PATIENT DETAILS



First Name : Thalipineni Kumaraswami Naidu

Last Name : 43 yr

Your Email :

Phone Number : 9550150089

Aadhaar Number : 3326 5184 4631

ABHA Health ID Number : 40-1788-6051-8253

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 2 1 0 7 1 9 8 3

No of Children : 1+1

Address : TB Road. Kuppam

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.

Signature/Thumb Impression : T

Name : T. Kumaraswami Naidu

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL102802

3 of 10
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Dharmendra	01/01/1978	47 y	Male	Y ☑ N ☐

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
173	87	130	90	92	62	96	41	Y ☐ N ☑	Y ☐ N ☑

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
8.19	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB Road
Mandal	Kuppam.

Patient fasted at least 10 hrs? Y ☐ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number: 7702545898

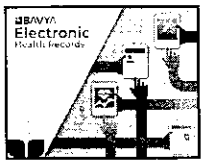
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (6)

BAVYA

PATIENT DETAILS



First Name : Dharmendra

Last Name : 47

Your Email :

Phone Number : 8106062219

Aadhaar Number : 7595 4163 4881

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01011978

No of Children : 2+1

Address : TB Road, Kuppam

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.

Signature/Thumb Impression : x Dharmendra

Name : Dharmendra

BAVYA

The accession number is the Reference Number for communication with BAVYA

BHSPL – UHS – KPM

BHSPL100291

2510
4

RETURN THIS PAGE WITH SAMPLES

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
G. Muneppa	01/01/1980	45 y	Male	Y ☐ N ☑

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
173	56	100	70	75	96	99	34	Y ☑ N ☐	Y ☑ N ☐

Collection Details

Day	Month	Year
23	10	2025

(Eg: 01 | 10 | 2025)

Collection Time	
9.40	AM ☑ PM ☐

(Eg: 07:15 AM)

Collection Location	
Village	TB Road
Mandal	Kuppam

Patient fasted at least 10 hrs? Y ☑ N ☐

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by: G. Vennela

Team: 8

Phone Number:

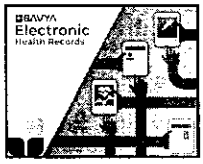
For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 ☐ 2 ☐	Y ☐ N ☐	

23/10/25 (22)

BAVYA

PATIENT DETAILS



First Name : G. Muneppa

Last Name : 45 yrs / M.

Your Email :

Phone Number : 8008370897

Aadhaar Number : 5575 0534 9212.

ABHA Health ID Number :

Gender : ☑ Male ☐ Female ☐ Other

Marital Status : Married

Date of Birth : 01/01/1980

No of Children : 1+1

Address : TB Road, KPM

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.

Signature/Thumb Impression : G. Muneppa.

Name : G Muneppa