



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



25
1

BHSPL200962

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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Nagamma	1943	82	F	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	54	190	110	96	98	96	36	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

Day Month Year			Collection Time				Collection Location	
27	10	2025	07	38	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Village	Kadiri obulapur
							Mandal	SPM

(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

C. Vijay

Team

4357

Phone Number

7092165138

For Sample Submission HUB use only

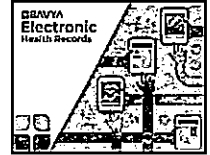
Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
	1 <input type="checkbox"/>	Y <input type="checkbox"/>	
	2 <input type="checkbox"/>	N <input type="checkbox"/>	

27/10/25

4351-07



PATIENT DETAILS



First Name : Nagamma 82/f

Last Name : _____

Your Email : _____

Phone Number : 9989089821

Aadhaar Number : 3773 6244 819

ABHA Health ID Number : 66-0734-0257-0541

Gender : Male Female Other

Marital Status : _____

Date of Birth :

				1	9	4	3		

No of Children : 01

Address : Kadiri Dhule Palle

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 : Nagamme