



The accession number is the Reference Number for communication with BAVYA

BHSPL - UHS - KPM



BHSPL316268

1

already barcode exist

RETURN THIS PAGE WITH SAMPLES

2 lab done Asha

UHS - Soudary

LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
kumar	1967	58	M	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
53	70	138	89	70	98.4°F	99	33	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Collection Details

Day			Month			Year			Collection Time			Collection Location			
0	6		1	1		2	0	25	9	:	40	AM <input checked="" type="checkbox"/>	PM <input type="checkbox"/>	Village: Gurupali	Mandai: Koppam

(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

Thannia

Team

19

Phone Number

9381625309

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"/>	

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PATIENT DETAILS



First Name : K. KUMAR

Last Name : _____

Your Email : _____

Phone Number : 9676822747

Aadhaar Number : 6088 9751 8093

ABHA Health ID Number : 12-3057-2053-7744

Gender : Male Female Other

Marital Status : Married

Date of Birth :

0	1	0	1	1	9	0	7
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No of Children : 4

Address : Sajalapalli, Kothapali, Koppam

CONSENT FOR AUTHENTICATION :

I hereby state that I have no objection to authenticating myself with the Aadhaar-based authentication/ ABHA Health ID systems and I consent to providing my Aadhaar number and/or One Time Pin (OTP) for Aadhaar-based authentication to access my personal Electronic Health Records with Bavya Health Services. I understand that the OTP I provide for authentication will be used solely to verify my identity through the Aadhaar-based authentication / ABHA Health ID systems for that specific transaction and for no other purposes. I also understand that Bavya Health Services will ensure the security and confidentiality of the personal identity data I provide for Aadhaar-based authentication.

[Handwritten Signature]

Signature/Thumb Impression :

Name :