





MICROBIOLOGY INVESTIGATION REQUISITION FORM

Name Arpit Age/Sex 7/F Lab Reg. No. _____
 OPD Reg. No. 2894/837 Ward/Bed No. Four Sample Type Aspirate
 Consultant Dr. Rahul Gupta Provisional Diagnosis Septic empyema @ chest
 Collection Date/Time 28/11/24 Reported on: _____
 Antimicrobial Drug Started Name _____ No. _____
 Fever Yes/No Duration _____ Site of Pus/Fluid Chest

S.No.	Investigation	Sample	S.No.	Investigation	Sample
1	Culture & Sensitivity Bacterial (Aerobic)*	<input checked="" type="checkbox"/>	13	Cryptococcus by Indian Ink Stain	CSF
2	BacT/Alert Automated Culture of Blood*	Blood	14	Mycobacterium leprae by Ziehl Neelsen Stain	
3	Culture & Sensitivity Bacterial (Anaerobic): Sample to be transported to lab under anaerobic condition		15	Novocardia by Modified Ziehl Neelsen Stain	
4	Gram Stain*		16	AFB by Ziehl Neelsen Stain	
5	Vibrio cholera				
6	Stool-Routine/ Microscopy	Stool	18	HAIN (Line probe assay) for MTB & Sensitivity (1 st line)	For Sputum & Culture Isolate only
7	Stool-for Coccidian parasites (Cryptosporidium / Isospora / Cyclospora) by Modified Ziehl Neelsen Stain		19	HAIN (Line probe assay) for MTB & Sensitivity (2 nd line) → only if MDR confirmed by 1 st line.	
8	Malaria Parasite (1 st for PAP)*		20	TB PCR (Sample to be collected in sterile container)	
9	Malaria Antigen Rapid Test		21	Stool for Occult Blood	
10	Microfilariae (Peripheral Blood Smear)		22	Any other	
11	Fungal Smear (KOH Mount)*		23		
12	Culture & Sensitivity Fungal (Routine)		24		

Accredited by NABL (National Accreditation Board for Testing and Calibration Laboratories).

Note: Mark required Investigation and Send Along With Properly Labeled Sample.

DATE: _____

Dr. MAHANK CHAUDHARY
 Senior Resident
 Dept. of Orthopedics

REQUISITION FORM
DEPARTMENT OF RADIO-DIAGNOSIS AND IMAGING
CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

Mr./Ms.: Subham S.No.:
Age: 7 years Sex: Female Regn No:
OPD/IPD Regn. No.: 240428347 Receipt No:
Ward/Bed No.: 100 Rs:
Date: 17/2/24

1. CLINICAL DETAIL/ SYMPTOMS

2. PROVISIONAL DIAGNOSIS:

*Septic arthritis @ Elbow
E staff elbow*

RECEIVED: Date: at / /PM
Signature of Radiographer

SEPARATE FORM FOR EACH INVESTIGATION

Department / Bedside / Emergency / Urgent

PART TO BE EXAMINED / INVESTIGATION REQUESTED :

*4 beam US Spine [AP]
let*

Creatinine..... PT..... PTTK.....

FNAC..... Aspiration.....

Signature & Stamp of Requisitioning Consultant / Resident Doctor

Regn. No.

Seva lifeline foundation

Stamp: CHAUDHARY
Jyoti Prasad
M.B.B.S. (C) Orthopedics

Amil

230428347

ESR

CRP

Chhatrapati Shivaji Subharti Hospital

Subharti Puram, Delhi-Haridwar, Meerut bypass Road, Meerut, U.P. - 201002

IPD Services Receipt

19412/24	Date/Time : 04/07/2024 15:27	Patient Name : Baby ARPITA
1703052	UHID No : CSSH-230428347	Sponsor : General
Female	Doctor : DR. RAHUL KUMAR GUPTA	
Female Orth. Ward		

S.No Procedure

S.No	Procedure	Qty	Rate	Amount	Cons	Net Amount
1	ESR - ERYTHROCYTE SEDIMENTATION RATE	1	70.00	70.00	10.00	60.00
2	CRP	1	350.00	350.00	50.00	300.00

Total Amount (INR) : 420.00

Net Amt : 360.00

Service Discount : 60.00

Received Amt : 360.00

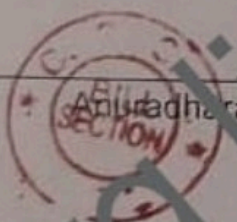
Payment Mode: : UPI

[Trans No] 455223955036

Bill Discount : 0.00

Balance Amt : 0.00

Created By



Print Date /Time 04/07/2024 03:33:46PM

Remarks

Seva Lifeline Foundation





