SagePath®
Excellence In Health Care

LOG FORM FOR SAMPLES SENT TO HEAD QUARTERS

PAGE NO 2

Name of the Regional Lab :- Sagepath labs, Nagpur DATE: 10/5/2022

Sr.No	SPP	Vial Id	Online work order	TRF &History	Name of the Test & Details	Sample Type
29	NP028	23030318	—	✓	PAP SMEAR	
30						
31						

NABL MC-3633

TEST REQUISITION FORM (TRF)

SPL CODE : NP028 SAICARE LAB Date :

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Co Date & T
1.	Mrs. Poonam Neware/Raut	35	CA-125, BHCG, LOH	Serum	23030315	
2.	Mrs. Rekha Yewle	51	PAP smear	liquid	23030318	
3.						
4.						
5.						

ed Clinical Report If Required

Rekha 10/5/22
51 yrs
- P2L2
- H/o Hypothyroidism
- LMP: 2/5/22
- USG- Adenomyosis
- No Menopause yet
- For Routine PAP smear
- P/s: (N/N/Healthy)

Prepared by& D Date:

Received by & I y & Date: