

TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. Pranita Belorkar

Age : 37 Yrs : Months Days

Sex : Male ☐ Female ☒ Date of Birth : DD MM YYYY

Ph :

Client Details :

SPP Code Shree Hospital (Kharadi)

Customer Name PO 122

Customer Contact No

Ref Doctor Name

Ref Doctor Contact No

Specimen Details:

Sample Collection date : 15/03/23

Specimen Temperature :

Sample Collection Time : AM / PM

Sent

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Received

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Small Biopsy

24115485

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

Reg. No. :

Patient's Name : Mrs. Pranita Belorkar

Address :

Age - 37 yrs / F

Ref. by Dr. : Bharati Dhorepati

Contact :

Gender :

E-mail :

CLINICAL PATHOLOGY

- ☐ Urine Routine
☐ Stool Routine
☐ Semen Analysis
☐ Semen Washing
☐ Aspirated Fluid Type
☐ Sputum
☐ Others

HEMATOLOGY

- ☐ Hemoglobin
☐ WBC Count
☐ Malarial Parasite
☐ ESR
☐ Platelet Count
☐ Absolute Eosinophilic Count
☐ Blood Group & Rb type
☐ Sickle Cell
☐ Coombs Test
☐ Osmotic Fragility
☐ Glycosylated Hb
☐ BT/CT/PT
☐ Others.....

SEROLOGY

- ☐ Widal
☐ V.D.R.I
☐ RA Factor
☐ HIV Test
☐ Pregnancy Test
☐ Austrella Antigen
☐ Tuberculin Test

☐ **COVID TEST**☐ **RADIOLOGY**☐ **X-RAY CHEST**☐ **X-RAY KUB****CLINICAL CHEMISTRY**

- ☐ Glucose R/F/PP
☐ B U L
☐ Serum Creatinine
☐ Serum Uric Acid
☐ Serum Calcium
☐ Phosphorous
☐ Serum Bilirubin
☐ S.G.O.T / S.G.P.T
☐ Total Proteins
☒ Serum Alk
☐ Phosphatase
☐ Serum Cholesterol
☐ HDLLDL
☐ Triglycerides
☐ Lipid Profile
☐ LFT
☐ Serum Electrolytes
☐ Serum Amylase
☐ Acid Phosphatase
☐ Prostatic Fraction
☐ LHD

SPECIAL TESTS

- ☐ T3/T4/TSH
☐ FSH/LH Prolactin
☐ Testosterone
☐ Progesterone
☐ Toxo Plasma IgG IgM
☐ TB IgG Ig M, Ig A
☐ Beta HoG
☐ Western Blot
☐ CD4 Count
☐ APS
☐ AMH

BACTERIOLOGY

- ☐ Culture & Sensitivity
☐ AFB Staining
☐ Others.....

CARDIOLOGY

- ☐ Colour Doppler
☐ 2D-Echo
☐ Stress Test
☐ E.C.G.

SPECIAL PROCEDURE

- ☐ IVP MCU
☐ Barium
☐ HSG.....

U S G

- ☐ Abdomen
☐ Pelvis
☐ Any Special

PREGNANCY

- ☐ Dating
☐ NT & Nasal bone
☐ Targetted Scan
☐ Doppler Scan
☐ Obst. Scan

Other Tests :

Endometrium for HPE to rule out Endometriosis

Date :

15/3/23

Ref. By Dr. :

SHREE HEALTH CARE Siddharth Mansion, Pune-Nagar Road, Pune-411014 Tel. : 2668 4520 / 2668 1127

Sign. of Doctor