

TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. Shubha Keshari
 Age: 47 Yrs: _____ Months _____ Days
 Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐☐☐☐☐☐☐☐☐☐
 Ph: _____

Client Details:

SPP Code: Shree Hospital (Kharadi)
 Customer Name: PUIZZ
 Customer Contact No: SHREE HOSPITAL
 Ref Doctor Name: _____
 Ref Doctor Contact No: _____

Specimen Details:

Sample Collection date: <u>14/03/23</u>	Specimen Temperature:	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient (18-22°C) ☐
Sample Collection Time: _____ AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient (18-22°C) ☐
Test Name / Test Code		Sample Type		SPL Barcode No	
<u>- Endometrial Biopsy (small biopsy)</u>				<u>24115472</u>	

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. Shubhra Keshan

Address : _____

Age - 47

Contact : _____

Gender : Female

Ref. by Dr. : Bharati Dhorepati

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 Fregility
- ☐ 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 Elecrolites
- ☐ Serum Amylase
- ☐ Acid Phosphatase
- ☐ Prostaltic 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 & Sensitifuity
- ☐ 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 : Endometrial Biopsy

Date : _____ Ref. By Dr. : _____

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

Sign. of Doctor