TEST REQUISITION FORM (TRF)

SagePath®
Excellence in Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Vijaya Kiran Mahadik

Age : 34 Yrs : ____ Months ____ Days

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

Ph. : ____

Client Details :

SPP Code 015

Customer Name ____

Customer Contact No ____

Ref Doctor Name R.K

Ref Doctor Contact No ____

Specimen Details:

Sample Collection date :	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
Histopath	HPR	24116866

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.

2400 Report send on Whatsup.

माहेर हॉस्पिटल

पुणे-सोलापूर रोड, राजर्षी बँकेच्या पाठीमागे, उरुळी कांचन, ता. हवेली, जि. पुणे - ४१२२०२, मो.: ९६५७७५६०४१ / ८६०५८४८४७६

Hospital Reg No. 248

डॉ. टि.वाय. मोटे
M.B.B.S., M.S.(OBGY)
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Reg. 91055

डॉ.सौ. राजश्री टि. मोटे
B.A.M.S.
Reg. 29398A

Rx

दि. 14/03/2023.

To

Pathologist.

sending herewith following specimen for Histopathological exmination.

pts. Name :- Mrs. Vijaya Kiran Mahadik.

Age-34 yrs.

Specimen :- Uterus c BL tubes and BL ovaries.

Surgery- Total abdominal hysterectomy c BL Salpingio-oophorectomy on 14/03/23

clinical Δ - Uterine fibroid c PID.

History = 34 y/F2L2D2 c Uterine fibroid

Dr.T.Y.Mote
MBBS, MS(OBGY)
Reg.NO. 91055

पुढील तपासणीची तारीख : / /२० परत येताना हा पेपर सोबत आणावा.

No substitute Obstetrician & Gynaecologist