TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Rakhi Basak

Age : 33 Yrs : ____ Months ____ Days

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

Ph : ____

Client Details :

SPP Code PU-122

Customer Name ____

Customer Contact No ____

Ref Doctor Name Shree Hospital

Ref Doctor Contact No ____

Specimen Details:

Sample Collection date : 10/04/2023	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
~~FB~~		23958303
- Endo - TBPCR		

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. : A. Secondary Infertility

Patient's Name : Rakhi Basak

Address :

Ref. by Dr. : Bharati Dhore-Patil

Contact : Gender : 33/F

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
- ☐ Pregancy Test
- ☐ Austrella Antigen
- ☐ Tuberculin Test

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

Endometrial TB-PCR.

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 Elecrolytes
- ☐ 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 :

Date : 10/04/23 Ref. By Dr. : Bharati Dhore Patil

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

Sign. of Doctor