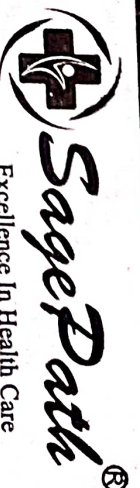


# TEST REQUISITION FORM (TRF)



## Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Rakh, Bashak  
 Age : 33 Yrs : \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Sex : Male ☐ Female ☒ Date of Birth : ☐☐☐ ☐☐☐☐☐☐☐  
 Ph : \_\_\_\_\_

## Client Details :

SPP Code PU-122  
 Customer Name \_\_\_\_\_  
 Customer Contact No \_\_\_\_\_  
 Ref Doctor Name Shree Hosital  
 Ref Doctor Contact No \_\_\_\_\_

## Specimen Details:

Sample Collection date : 10/04/2023  
 Sample Collection Time : \_\_\_\_\_ AM / PM

Specimen Temperature :

| Sent     | Frozen (<20°C)                          | Refrigerator (2-8°C)                          | Ambient (18-22°C)                          |
|----------|-----------------------------------------|-----------------------------------------------|--------------------------------------------|
| Received | Frozen (<20°C) <input type="checkbox"/> | Refrigerator (2-8°C) <input type="checkbox"/> | Ambient (18-22°C) <input type="checkbox"/> |

Test Name / Test Code

Sample Type

SPL Barcode No

~~HB~~  
- Endo-TBPCR

23958303

## Clinical History:

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.

No. of Samples Received:

Received by:

Reg. No.:

Patient's Name: Rakhi Baskar

Secondary Infertility

Address:

Ref. by Dr.:

Bhaskar Dhole-Patil

Contact:

Gender: 33/F

E-mail:

CLINICAL PATHOLOGY

☐ Urine Routine

☐ Stool Routine

☐ Semen Analysis

☐ Semen Washing

☐ Aspirated Fluid Type

☐ Sputum

☐ Others.....

SEROLOGY

☐ Widal

☐ V.D.R.I

☐ RA Factor

☐ HIV Test

☐ Pregnancy Test

☐ Australia Antigen

☐ Tuberculin Test

HEMATOLOGY

☐ Hemoglobin

☐ WBC Count

☐ Malarial Parasite

☐ ESR

☐ Platelet Count

☐ Absolute Eosinophilic Count

☐ Blood Group & Rb type

☐ Sickie Cell

☐ Coombs Test

☐ Osmotic Fragility

☐ Glycosylated Hb

☐ BT/CT/PT

☐ Others.....

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

☐ HDL/LDL

☐ Triglycerides

☐ Lipid Profile

☐ LFT

☐ LHD

SPECIAL TESTS

☐ T3/T4/TSH

☐ FSH/LH Prolactin

☐ Testosterone

☐ Progesterone

☐ Toxo Plasma IgG IgM

☐ TB IgG Ig M, Ig A

☐ Beta Hcg

☐ Western Blot

☐ CD4 Count

☐ APS

☐ AMH

SPECIAL PROCEDURE

☐ IVP MCU

☐ Barium

☐ HSG.....

US G

☐ Abdomen

☐ Pelvis

☐ Any Special

PREGNANCY

☐ Dating

☐ NT & Nasal bone

☐ Targeted Scan

☐ Doppler Scan

☐ Obst. Scan

BACTERIOLOGY

☐ Culture & Sensitivity

☐ AFB Staining

☐ Others.....

CARDIOLOGY

☐ Colour Doppler

☐ 2D-Echo

☐ Stress Test

☐ E.C.G.

Other Tests:

Date:

10/04/23

Ref. By Dr.:

Bhaskar Dhole Patil

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

Sign. of Doctor

sf