

TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. Tanuja Jadhav

Age : 23 Yrs : _____ Months _____ Days

Sex : Male ☐ Female ☒ Date of Birth : ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

Ph : _____

Client Details :

SPP Code P4-122

Customer Name _____

Customer Contact No _____

Ref Doctor Name Skye Hospital

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date : <u>20/04/23</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>Small Biopsy</u>	<u>BI</u>	<u>24261341</u>
	<u>BI</u>	

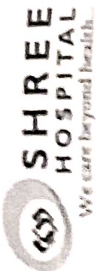
al History:

No. of Samples Received:

Received by:

h 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.

REQUEST FOR FNAC / PAP SMEAR /
CYTOLOGY / HISTOPATHOLOGY



(Relevant details to be filled up and sent along specimen)

WAPD: ☐ OT: ☒ ICU: ☐ ER: ☐

MRN No.: 8543

ORDER No.: _____

DATE: 20/04/2022

CYTO No.: (to be filled in by lab)

Patient's Name: Tanuja Jadhav

Referral Doctor: D. Sudhir Deshmukh

Age: _____ Sex: M / F

History / LMP (if relevant): _____

Initial Diagnosis: PP. Wrist Ganglion

Recurrent

If Surgery: Excision

Specimen: Excised Ganglion for HPE

to be filled in by lab): _____