TEST REQUISITION FORM (TRF)

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. Rupa Tripathi

Age : 49 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 : 20/04/23

Sample Collection Time : AM / PM

Specimen Temperature :

Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No.
– I – Small Biopsy	I	94261342
– II – Medium Biopsy	II	94261345

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.

REQUEST FOR FNAC / PAP SMEAR / CYTOLOGY / HISTOPATHOLOGY

SHREE HOSPITAL
We care beyond health...

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

WAPD : ☐ OT : ☑ ICU : ☐ ER : ☐

MRN No.: 8506 ORDER No.: _____ DATE : 20/4/2023

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

Patient's Name : Mrs Rupa Tripathi

Referral Doctor : Dr Bharti Dhorepatil / R.S. Dhorepatil.

Age : 49 Sex : ~~M~~ / F

History / LMP (if relevant) :

Clinical Diagnosis : Endometrial polyp + Endometrium.

Type of Surgery : Hysteroscopy polypectomy + Endometrial Biopsy

Site of Specimen : (I) Biopsy Endometrium.

(To be filled in by lab) : (II) Breast lump tissue (R) Axillary.