TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : BABY ANAMIKA KEWAT

Age : 10 Yrs : ____ Months ____ Days

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

Ph : ____

Client Details :

SPP Code SPLCH015

Customer Name Rj Pathology Bj

Customer Contact No ____

Ref Doctor Name P. TIWARI

Ref Doctor Contact No ____

Specimen Details:

Sample Collection date : / 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
Biopsy Small	Tissue	2413715

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.

जननी नर्सिंग होम
आपका स्वास्थ्य, हमारी जिम्मेदारी

पता - राठौर लकड़ी टॉल के सामने, मल्हार रोड,
मस्तूरी, बिलासपुर (छ.ग.)
फोन नं. - 7869084701, 8770976015, 7804966629
Dr. P. Tiwari, M.B.B.S.

Date : .....

Name : Baby Anamika Kewat Age/Sex : 10 Y / F

Rx

Hystopathological examination notes

Specimen :- Cyst from subcutaneous layer of anterior abdominal wall.

Examination :- HPE.

D :- ? Epidermal inclusion cyst

Dr. P. TIWARI
M. B. B. S.
Regd. No.- C.G.M.C.-6292/2015