



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : BABY ANAMIKA KEWAR

Age : 10 Yrs : Months Days

Sex : Male ☐ Female ☒ Date of Birth :

Ph :

Client Details :

SPP Code SPLCGO15

Customer Name Rj Pathology B3

Customer Contact No

Ref Doctor Name P. TIWARI

Ref Doctor Contact No

Specimen Details:

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : <u> </u> AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐
Test Name / Test Code			Sample Type	SPL Barcode No	
Biopsy small			Tissue	24137515	

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

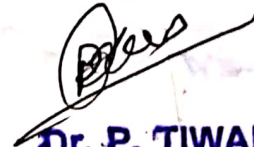
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Hystopathological examination notes

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

Examination :- HPE.

Δ :- Epidermal inclusion cyst


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