TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MS. REWTI

Age : 22 Yrs : ___ Months ___ Days

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

Ph : 9[illegible]0288836

Client Details :

SPP Code SPL0020

Customer Name MSP pathology

Customer Contact No

Ref Doctor Name

Ref Doctor Contact No SUBHADRA paikray

Specimen Details:

Sample Collection date :	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
Small Histopathology	Tissue	24136598

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.

District Hospital Gaurella-Pendra-Marwahi (C.G)

DISCHARGE/ REFERRAL SLIP

Name Rewti Markam S/o / D/o W/o Mukesh

Age 22 yr Sex F R/o Bagwardhan

Dt of Admission 20/7/23 Dt of Discharge 20/7/23 Reg. No. ______

Diagnosis Fibroadenoma

Complaints	Investigations
B/L Lump and ly breast 5x5 cm 3x3 cm	Adv- Histopathology

Treatment Given	Treatment Advices Rx
Excision done B/L Inj Dyclo Inj cefhazone 1 gm Inj ... 0 ... Inj Diclo... Inj ...	Adv Tab cefixime 200 mg 1-0-1 Tab Zincee Tab ... Lysed 1-0-1

20/7/23

Medical Officer