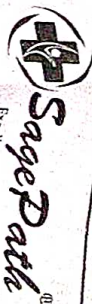




TEST REQUISITION FORM (TRF)



SPL CODE :

59LCE4015 RS Pathology

Date :

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	Dr. Poosa Singh	43/f	Urine <5	Urine	A0666868			Self
2.	Mrs. Shiv Kumar	48/f	Small biopsy (1)	Tissue	A0846358			Shiva Hospital
3.			Small biopsy (2)	Tissue	A0846372			
4.	SEEMA RAYPU	36/f	HPLC TSH	Serum	A0846374			MARELA BHATT KENDRA
5.				EDTA	A0846373			

* Note Attached Clinical Report If Required

SHIVA HOSPITAL

Rajkishore Nagar, Mopka Road, Infront of Hotel
Down Town, Bilaspur (C.G.), 495006 Mob.: 8827676873

INDOOR CONTINUATION SHEET

Name of Patient Shivkumari Age / Sex 48y / F
Ward / Bed No. Consultant Dr. Shilpa Ghosh

NAME	MRD NO.
DATE	CLINICAL NOTES
<u>28/9</u>	<u>GO HMB following</u> <u>5 weeks amenorrhoe</u>
<u>28/9</u>	<u>PEV : Co (H)</u> <u>UT 12wks : UCL 4 1/2"</u> <u>mobile non tender</u> <u>Plenty of free</u> <u>endometrial</u> <u>scrappings taken</u>
<u>28/9</u>	<u>UT 11.7 x 6.4 x 7.8 cm.</u> <u>ET 16 mm.</u> <u>regular.</u> <u>Pl. ovaries</u>
	<u>HPE</u> <u>endometrium (1)</u> <u>cervix (2)</u>
	<u>Shilpa Ghosh</u>