TEST REQUISITION FORM (TRF)

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NABL

SPL CODE : SPLCH015 RJ 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. Pooja singh	43/F	Urine < C 5	Urine	A066 6868			self
2.	MRS. SHIV KUMARI	48/F	Small Biopsy (1)	Tissue	A08 46358			SHIVA
3.			Small Biopsy (2)	Tissue	A08 46372			Hospital
4.	SEEMA RAJPUT	36/F	HPLC .TSH	Serum	A08 46374			MARIA
5.				EDTA	A08 46373			SAHAY KENDRA

* 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
28/9	C/O HMB following 5 mnth amenorrhea
USG (21/9)	PS/PV : Cx (H)
Ut 11.7 x 6.4 x 7.8 cm.	Ut 12wk : VCL 4½"
ET 16 mm.	mobile nontender
regular.	B/L fo free.
B/L ovaries ✓	Plenty of endometrial curettings taken
	↓
	HPE: endometrium ① ; cervix ②

Shilpa Ghosh