



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: MR. GAURAV ROHRA
 Age: 27 Yrs. Months Days
 Sex: Male ☒ Female ☐ Date of Birth: ☐ ☐ ☐ ☐ ☐ ☐
 Ph:

Client Details:

SPP Code: 90200011
 Customer Name: ME03-PATN LAB
 Customer Contact No: 9826152118
 Ref Doctor Name: ME03-PATN LAB
 Ref Doctor Contact No: 9826152118

Specimen Details:

Sample Collection date: 08-10-2024 Specimen Temperature:
 Sample Collection Time: 06:00AM / PM Sent ☐ Received ☐ Frozen ($< -20^{\circ}\text{C}$) ☐ Refrigerator ($2-8^{\circ}\text{C}$) ☐ Ambient ($18-22^{\circ}\text{C}$) ☐
 Frozen ($< -20^{\circ}\text{C}$) ☐ Refrigerator ($2-8^{\circ}\text{C}$) ☐ Ambient ($18-22^{\circ}\text{C}$) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

TAK2 mutations (Exon 12 mutations)

W.B. EDGA

24127304

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24127305

Clinical History:

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, JHIC form, HLA Typing form along with TRF.

No. of Samples Received: 2

Received by:

PM

(1) WhatsApp



Gaurav

Today at 20:29



SCCH UNIT-II

Hematology | Hemato-Oncology | Blood Bank | Bone Marrow Transplantation

प्रतीतिवाद का प्रथम सर्वसुविधायुक्त सुपर स्पेशलिटी हिमेटोलॉजी / ब्लड बैंक सेंटर

डॉ. विकास गोयल

M.D. (Medicine) D.M. (Haematology)
Advanced Training, Oxford University UK
Regd. No. C.G.M.C. 1712/2008

Dr. Vikas Goyal

M.D. (Medicine) D.M. (Haematology)
Advanced Training, Oxford University UK
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09-10-2012

Mr. Anurag Sharma

27-11

Plas (V7) ① April 2011

No. 5000

On evaluation T.H.

W-7815

S. 400 ② ↓

JAK-2 ③

On Action

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भारत हास्पिटल परिसर, दवाइयां कॉलोनी, यमुनोद्धार, रायपुर (छ.प्र.) फोन : 0771-4081010 मो. 9300872740
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