TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mrs. Basanti Tiwari

Age : 46 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code : SPL-SG-001

Customer Name : ___

Customer Contact No : ___

Ref Doctor Name : ___

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 : AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Biopsy HPE		
		A1366046

Clinical History: Clinical History attached

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

मरीज का नाम Mrs Basanti Tiwari

आयु / लिंग 46/F दिनांक 27/11/25

परामर्शकर्ता चिकित्सक Dr Deepa Gupta

CHHATRAPATI SHIVAJI HOSPITAL BADAUN A LIFE TIME OF CARE

जाँच का विवरण

Dx- AUBE Hyperplasia

Procedure - TAH + BSO

Tissue - Uterus & cervix

BL tubes & ovaries

Done - HPE of given tissue