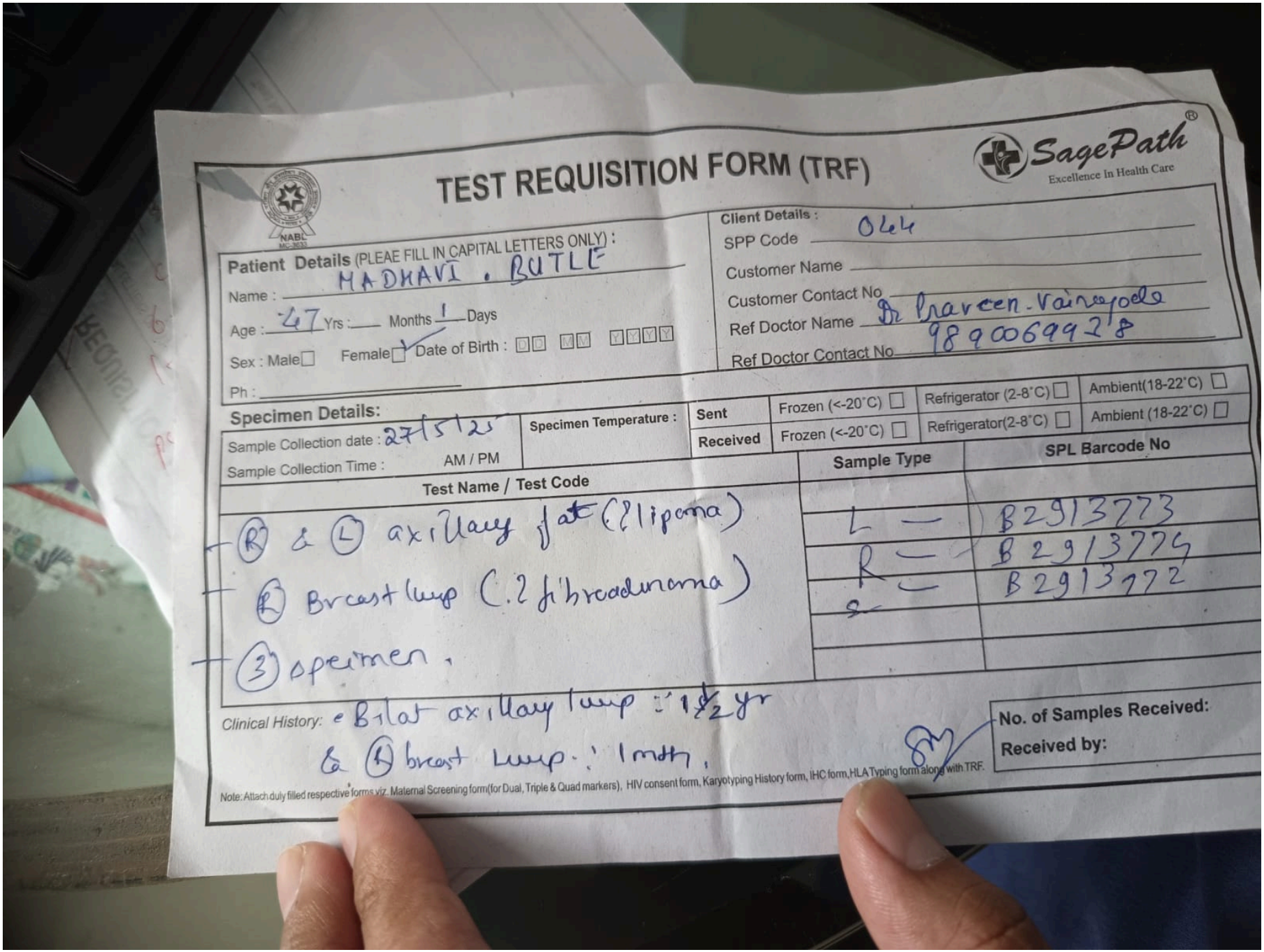

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

NABL MC-3633

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MADHAVI . BUTLE

Age : 47 Yrs : ___ Months 1 Days

Sex : Male ☐ Female ☐ ✓ Date of Birth : DD MM YYYY

Ph : ___

Client Details :

SPP Code 064

Customer Name ___

Customer Contact No ___

Ref Doctor Name Dr Praveen. Vaingode

Ref Doctor Contact No 9900699218

Specimen Details:

Sample Collection date : 27/5/25

Sample Collection Time : AM / PM

Specimen Temperature :

Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
(R) & (L) axillary fat (? lipoma)	L —	B2913773
(R) Breast lump (? fibroadenoma)	R —	B2913774
(3) specimen.	S —	B2913772

Clinical History: c/o Bilat axillary lump : 1½ yr
& (R) breast lump : 1 mth.

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.