



TEST REQUISITION FORM (TRF)

**Patient Details** (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Shivaji Pharadkar
Age : 42 Yrs : _____ Months _____ Days
Sex : Male ☒ Female ☐ Date of Birth : DD MM YYYY
Ph : _____

Client Details :

SPP Code SO-044
Customer Name _____
Customer Contact No _____
Ref Doctor Name Dr. Shivaji Salunke
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
<u>Small Biopsy</u>	<u>HPR.</u>	<u>B2451935</u>
<u>MG123 pus cl.</u>	<u>pus.</u>	<u>B2451936</u>

Clinical History:

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.

Progress Note & Treatment Sheet

1cc. @ 15m @

Date & Time

Progress Note & Treatment

13/6/25

Mr. Shivaji Khandekar
(44y/m)

Biopsy

B2451935

SO-044.

1cc. @ 15m @

(post-op) (post-RT) — completed
on (2024 June)

N.W. developed

(R) 4.55 — Up

≈ (4x3cm) = nodular

skin lesion over cheek (R)

pus discharge

11

punch (bx) taken from

(R) lower (4.55)

specimen for (HPE)


Dr. Shivaji

Dr. Shivaji Salunke
DrNB Surgical Oncology
Reg. No. - 2024020762

Progress Note & Treatment Sheet

file @ Mr BM

Date & Time

Progress Note & Treatment

13.6/25

Mr. Shivaji Khavadekar
(42yrs)

file @ Mr BM

pus c/s
B2451936
50-044

N.w (cr) - wound (a/c)

pus discharge over
night ~~the~~ creek
↓

sinus
few
dy

pus sent for
culture &
sensitivity

Dr. Shivaji Salunke
DrNB Surgical Oncology
Reg. No.- 2024020762