TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Raghuram Sahu

Age : 75 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SPL-SH-0085

Customer Name ___

Customer Contact No ___

Ref Doctor Name Dr Rajesh Kumar Patel

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date : / 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
small Biopsy	Biopsy	B3150592

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.

SPL-08

BROTHTERSPATH DIAGNOSTICS Pvt Ltd

पैथोलॉजी लैब

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कमला क्लिनिक के बाजू में, सागर (म.प्र.)

PRESCRIPTION SLIP

Patient Name Rajaram sahu Age 75 Gender M

Clinical History

Referred By Dr. Rajesh kumar Dubey

Test Request ① Rectal mucosal Biopsy

chr constipation ? Rectal prolapse.

② Sigmoidoscopy c/o rectal bleeding, constipation.

③ USG

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