TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : ~~Mrs~~ Godabai Kumbhar

Age : ~~66~~ Yrs : ____ Months ____ Days

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

Ph : _____

Client Details :

SPP Code SO-044

Customer Name _____

Customer Contact No _____

Ref Doctor Name Dr Shivagi 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
Biopsy		
		~~B29674129~~
		B29674129

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.

Barshi Cancer Centre

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority

Shivacharya Complex, Ainapur Maruti Road,Barshi - 413401 Mo.8149856861

Progress Note & Treatment Sheet

fnac @ larynx
c ? 2nd primary (Br)

Date & Time	Progress Note & Treatment
08/11/25	To Saje lab B2907429 50-044. Patient Mrs. Godabai Kumbhar (66y/F) fnac @ larynx, Nw declined (upy) ovr epiglottis, punch biopsy taken specimen for (HPE)

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