

TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. Gangubai Paive
 Age: 50 Yrs : Months Days
 Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐ ☐☐☐ ☐☐☐☐
 Ph:

Client Details:

SPP Code
 Customer Name
 Customer Contact No
 Ref Doctor Name Dr. N.D. Kulkarni
 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
Specimen ① Large Uterine Fibroid for HPE ② Uterus			Barcode -		329839.50

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.

for special concession

VARUN HOSPITAL
ROHAN HOSPITAL PRANGAN NDK

(UROLOGY, INFERTILITY & GYNAECOLOGY CARE CLINIC)

Opposite HP Petrol Pump, Behind Matrix Center, Saujanya Nagar, Kalda Corner, Chh. Sambhajinagar

Dr. Martand Patil

M. S. M.Ch., D. N. B. (Urology),
M. D. (U.S.A.) Urologist, Andrologist &
Paediatric Urologic Surgeon

Dr. N.D. Kulkarni

M. S. Surgeon & Urologist
Specialist - Hernia Gall Bladder
& Colorectal Surgery

♦ Hon.Ex. Professor Urology ♦ MGM Medical College, Aurangabad

16/7/25

Histopathological Examination form

Patient Name. Mrs. Gangubai Palve.

Age = 50 yrs / Female.

Procedure = Open hysterectomy + Fibroidectomy
(12cm x 11cm x 10.5cm)

Specimen = ① Large uterine fibroid for HPE
② uterus

For
Concession
Please

Dr. N.D. Kulkarni

NDK

Dr. N.D. Kulkarni

Next Appointment

By Appointment : Monday to Friday : 9 a.m. To 9.00 p.m.
Tel.: (Hosp.) 7796772158, 8446065483