NABL MC-3833

TEST REQUISITION FORM (TRF)

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : R Saudagar Ronge.

Age : 40 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 Shivaji Salunke.

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 HPR (Punch Biopsy)		
		B3370150

Clinical History:

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.

No. of Samples Received:

Received by:

Barshi Cancer Centre

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority

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

Progress Note & Treatment Sheet

18/07/25

Mr. Saudagar Ronge. 40/M

Date & Time	Progress Note & Treatment
50-044 B337050	? Ca breast mucosa with skin infiltration Biopsy from left sided buccal mucosa proliferative lesion.

Abhijeet