TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Umakant Baragavkar

Age : 52 Yrs : ___ Months ___ Days

Sex : Male ☑ Female ☐ Date of Birth : DD MM YYYY

Ph : _____

Client Details :

SPP Code 50-044

Customer Name _____

Customer Contact No _____

Ref Doctor Name Shivaji Satlunke

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)		B 3370085

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 @ (R) lower alveolus (Post Tx / Post CTRT)

Date & Time	Progress Note & Treatment
181.2025	To. Sage lab
SO-044 / B3370085	Patient Mr. Umakant Borgaokar (55/M) fnac @ (R) lower alveolus, W.W developed ulcer over (R) gum, punch biopsy taken specimen for (HPE)

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