NABL
MC-3633

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Hanumant Chaughule

Age : 42 Yrs : ___ Months ___ Days

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

Ph : _____

Client Details :

SPP Code SD-044

Customer Name _____

Customer Contact No _____

Ref Doctor Name Dr. 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 Biopsy		
		B29.07.403
		~~B29.07.403~~

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

UPJ in (R) Bm + RMJ
involving neck (R) Evaluation

Date & Time	Progress Note & Treatment
26.11.25 SO-044 B2907403	Mr. Hanumant Chougule (35Y/M) Pt C/o UPJ involving (R) Bm + RMJ s/s (8x6cm) c/ irritating over (R) neck (fungating growth) // Punch biopsy taken specimen for (HPE)

Dr. Shivaji Salunke
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