



TEST REQUISITION FORM (TRF)

**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**

Name : Om Gairwad
 Age : 19 Yrs : ___ Months ___ Days
 Sex : Male Female Date of Birth :
 Ph : _____

Client Details :

SPP Code S 30 - 004
 Customer Name _____
 Customer Contact No _____
 Ref Doctor Name M. Shilagi Salunke
 Ref Doctor Contact No _____

Specimen Details:

Sample Collection date : Sample Collection Time : AM / PM	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
		Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code	Sample Type	SPL Barcode No
B16rsy Small.		
		B2907410


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.

Progress Note & Treatment Sheet

? Non healing
ulcer over leg - (Lt)

Date & Time	Progress Note & Treatment
<p><u>04/09/25</u></p> <p><u>SO-044</u> <u>B2907422</u></p>	<p>Mr. Om Gaikwad (12yr 1m)</p> <p>Pt = (M) - Non-healing ulcer over - (Lt)</p> <p>leg lower third aspect - since last few months (16 months)</p> <p> </p> <p>Edge biopsy taken</p> <p>? Marjolin's ulcer</p> <p>? Sq. cell carcinoma</p> <p>(Kindly do needful)</p> <p></p> <p>Dr. Shivaji Salunke</p>

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