TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Shailani Shaikh

Age : 39 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code Dr. SO-004

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		B3373826

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

~ UPG in (Lt) GBS (Lt)
evaluation

Date & Time	Progress Note & Treatment
1/31.8/25	SO-044 / B3373826 To Safe path lab Patient Mr. ~~Shaikh~~ Shaikh Shailani (38yr/m), suffering from (UPG) in (Lt) lower gingiobuccal sulcus, punch biopsy taken specimen for (HPE) Dr. Shinge Dr.Shivaji Salunke Consultant Surgical Oncologist M.B.B.S.,DNB General Surgery DrNB Surgical Oncology FMAS, FALS (Robotic Surgeon) MMC 2024020762