TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mrs. Shamshad Landage

Age : 60 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 Salimke

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 [Lt Breast Trucut Biopsy]		
		B3374946

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

— (R) breast lump (D) evaluation.

Date & Time	Progress Note & Treatment
18/4/25	To 50-044 B3374946 Mrs. Shamshad Landage (64y/F) (C1.) - (R) breast lump since last few days. (HC) - (R) breast lump ≃ (15×10 cm) involving entire breast + skin over it (fungating breast) + axillary LAP Trucut biopsy performed specimen for (ER/PR/HER2)

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