TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Appasaheb Talekar

Age : 43 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SO - 044

Customer Name ___

Customer Contact No ___

Ref Doctor Name Dr. ~~Abhi~~ Shivgadi Salunke

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date :	**Specimen Temperature :**	**Sent**	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : AM / PM		**Received**	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Biopsy Small [punch Biopsy]		B3373821

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

- Non healing ulcer over (R) BM
(R) evaluation

Date & Time	Progress Note & Treatment
15-3-25	To Sage lab B3373821 50-044. Mr. Appasaheb Talekar (43yr/M) Pt C/O - Non healing ulcer in (R) buccal mucosa. since 1 month Punch Bx taken (R) LA specimen for confirmation of Malignancy Dr. Shivaji Salunke Consultant Surgical Oncologist M.B.B.S.,DNB General Surgery DrNB Surgical Oncology FMAS, FALS (Robotic Surgeon) MMC 2024020762