TEST REQUISITION FORM (TRF)

NABL

SagePath

Smt. SARLA YADAV 36/F Dr. Veronica Yusl MD

SPL CODE : Dr. VERONICA YUSL MD

Date : 25/08/24

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	(1) Endometrium	Biopsy	~~Formalin~~	—	B30	82249		
2.	(2) TB PCR	—	(NIS)	—	B3082250			
3.								
4.								
5.								

* Note Attached Clinical Report If Required

डॉ. वेरोनिका युएल एमबीबीएस एमडी डीएनबी एफआरएम
नि स्त्राव रोग/टेस्ट-ट्यूब बेबी स्पेशलिस्ट, लेप्रोस्कोपिक सर्जन, स्त्री एवं प्रसूति रोग विशेषज्ञ
Dr. Veronica Yuel MBBS MD DNB FRM
Infertility/IVF-ICSI specialist, Laparoscopic surgeon, Obstetrician and Gynaecologist

Mrs. Sarita Yadav 36 yrs 25/8/25

LMP - 24/08/2025

Repeated thin endometrium

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Endometrium curetted

↓

① HPE ② TB PCR

LMP - 24/8/25.

Consultation :
Opposite Bal Gopal Hospital, Before Holy Cross Higher Secondary School,
Byron Bazaar, Raipur. Time : Between 6 to 8.30 p.m
Mobile: 9424200639; email: veronica.irene@gmail.com