



# TEST REQUISITION FORM (TRF)



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

Name : Mr. Ekad Ekanath  
Age : \_\_\_\_\_ Yrs : \_\_\_\_\_ Months : \_\_\_\_\_ Days : \_\_\_\_\_  
Sex : Male ☐ Female ☐ Date of Birth : ☐☐☐☐☐☐☐☐☐☐  
Ph : \_\_\_\_\_

## Client Details :

SPP Code 50-044  
Customer Name \_\_\_\_\_  
Customer Contact No \_\_\_\_\_  
Ref Doctor Name Shivaji Salunke  
Ref Doctor Contact No \_\_\_\_\_

## Specimen Details:

|                                        |                              |             |                                          |                                               |                                            |
|----------------------------------------|------------------------------|-------------|------------------------------------------|-----------------------------------------------|--------------------------------------------|
| Sample Collection date : _____         | Specimen Temperature : _____ | Sent        | Frozen (<-20°C) <input type="checkbox"/> | Refrigerator (2-8°C) <input type="checkbox"/> | Ambient (18-22°C) <input type="checkbox"/> |
| Sample Collection Time : _____ AM / PM |                              | 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                                |                                            |
| <u>medium Biopsy.</u>                  |                              |             |                                          |                                               |                                            |
|                                        |                              |             |                                          | <u>B3373800</u>                               |                                            |
|                                        |                              |             |                                          |                                               |                                            |
|                                        |                              |             |                                          |                                               |                                            |
|                                        |                              |             |                                          |                                               |                                            |
|                                        |                              |             |                                          |                                               |                                            |

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

Shivacharya Complex, Ainapur Maruti Road, Barshi - 413401 Mo.8149856861

## Progress Note & Treatment Sheet

Ca prostate

Date & Time

Progress Note & Treatment

09/09/15

Mr. Eknath Ekad  
(Govind)

50-044

B3373800

Pt. E (Ca.) Ca prostate  
stage IV

↓

- Patient  
underwent  
(subcapsular orchiectomy)

specimen for (HPE)

Dr. Shivaji

Dr. Shivaji Salunke  
DrNB Surgical Oncology  
Reg. No.- 2024020762



Patient's Name : Mr. Ekrath Ekad

Age/Sex : 70 Yrs / Male

Referred By : Dr. Ashish Pardeshi D.N.B.

## Histopathological Examination

Clinical History : Prostatic enlargement. PSA : --ng/ml

Nature of the specimen : TURP chips.

HPR No. : L-1238-25

Gross Examination : The specimen consists of multiple, irregular, greyish white chips; varying in size and shape and they together measure 4.5x3.5cms. They weigh 27gms. The representative sections are submitted for processing.

## Microscopic Examination & Impression :

Prostatic Adenocarcinoma

Gleason's Score : 4 + 4 = 8.

Dr. Deepak Ladda  
Consultant Pathologist  
MMC.Regn.No.51256