TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Uma Jagdale

Age : 36 Yrs : ____ Months ____ Days

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

Ph : ____

Client Details :

SPP Code SO-020

Customer Name ____

Customer Contact No ____

Ref Doctor Name Dhananjay Manjare

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
Biopsy Small	-	B3590277

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.

गजानन मॅटर्निटी हॉस्पिटल

फुले प्लॉटस्, उपळाई रोड, सरकारी गोडाऊन जवळ, बार्शी.

डॉ. वर्षा देवदत्त मोरे
M.B.B.S.D.F.P.,D.G.O.
Reg.No. 2002/02/410

डॉ. देवदत्त सोपानराव मोरे
M.B.B.S.D.G.O.D.N.B.
Reg.No. 2000/05/2080

Date : 9-9-25

℞ Uma Kalidas Jagdale
36 | male

To,
Dr. Pathologist sir
kindly do Hp examination
of Lt breast lump
? Fibroadenoma

Rx

१) औषधे संपल्यानंतर ..... या तारखेस दाखवण्यास येणे.
२) वरील औषधे डॉक्टरांना दाखवून घ्यावीत.