NABL
MC-3633

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY) :

Name : Anil Jadhav

Age : 55 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SP - 044

Customer Name ___

Customer Contact No ___

Ref Doctor Name Dr. Shivaji Salunke

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
Bibpsy Small		
		B337377

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

fnac @ tongue c
? 2nd primary @ upper alveolus + hard palate

Date & Time	Progress Note & Treatment
26.03.15 B33737771 50-044	Anil Jadhav 55 Y/M fnac @ tongue @ lat ⇓ New patient developed - non healing ulc ≃ 2x2 cms over [@ upper alveolus + hard palate] ⇓ punch (bx) taken specimen for Histo

Dr. Shivaji Salunke
DrNB Surgical Oncology
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