TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):
Name : Shakuntala Deshmukh
Age : 60 Yrs : ___ Months ___ Days
Sex : Male ☐ Female ☑ Date of Birth : DD MM YYYY
Ph : ___

Client Details :
SPP Code : SO-044
Customer Name : ___
Customer Contact No : Suvidha Hospital.
Ref Doctor Name : ___
Ref Doctor Contact No : Shivaji Salunke.

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
② B) [proximal Dount] Small Biopsy.		
		B3594477

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.

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Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):
Name : Shakuntala Deshmukh
Age : ___ Yrs : ___ Months ___ Days
Sex : Male ☐ Female ☐ Date of Birth : DD MM YYYY
Ph : ___

Client Details :
SPP Code : SO-044
Customer Name : ___
Customer Contact No : Suvidha Hospital.
Ref Doctor Name : ___
Ref Doctor Contact No : Shivaji Salunke.

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
③ C) [Distal Dount]. Small Biopsy.		
		B3594480.

Clinical History:

No. of Samples Received:

TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Shakuntala Deshmukh

Age : 60 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SO-044.

Customer Name ___

Customer Contact No Suvidha Hospital.

Ref Doctor Name ___

Ref Doctor Contact No Shivaji Salunke.

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
(1) A) Large Biopsy. [Sisnoid + Retrun.]		
		B3594478

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.

सुविधा।

सुविधा आय.सी.यु. & कॅथ लॅब सेंटर

मातोश्री कॉम्प्लेक्स, बँक ऑफ इंडियाच्या वर, ढगे मळा, कुर्डूवाडी रोड, बार्शी. ४१३४११ फोन : (०२१८४) २२३६००

SUVIDHA
I.C.U. & CATH LAB CENTRE

डॉ. अभिजीत कोकाटे
Consultant Hemato & Medical Oncologist
MBBS,DNB General Medicine
DM Medical Oncology
GCRI Ahmedabad / Tata Hospital Mumbai
Reg. No. 2014030960
कॅन्सर रोग तज्ञ

डॉ. शिवाजी साळुंके
Consultant Surgical Oncologist
MBBS,DNB General Surgery
DrNB Surgical Oncology
DNSH New Delhi
Reg. No. 2024020762
कॅन्सर रोग तज्ञ

Pt.Name: Shakuntala Deshmukh Date: 01/10/2025

Age :............ Sex :..................

Weight.....................

Heath ....

BSA ....

To
Safe lab

Rx

01/10/25

1440
Ca rectosigmoid
(Adeno)
↓

Patient underwent
"rectosigmoidectomy"
LAR

↓

A. ① → Specimen for HPE [sigmoid + Rectum] → B3594478

B. ② → proximal & → B3594477
distal donut → B3594480.

C. ③ →

Dr. Shiv...

SO-044

* वरील सर्व औषधे डॉक्टरांना दाखवून घ्यावीत. * फेरतपासणी दि. / /२०

परत येताना हा पेपर बरोबर आणावा.