TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Madhukar Mali

Age : 52 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SO-044

Customer Name ___

Customer Contact No ___

Ref Doctor Name 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
Small Biopsy. [Truecut Biopsy]		B3593506.

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

• Ca (L) BM – post sx / post RT (Jan 2024)

Date & Time	Progress Note & Treatment
08/10/25 50-044 B3593506	Mr. Madhukar mali (52yr/M) Ca (L) BM post sx / post RT – (Jan 2024) Now C/o – Non healing ulcer over (L) commissure since last (2 months) (O/E) speckled erythroplakic lesion (0.5x0.5) over (L) commissure along c̄ ? verrucous growth over (R) BM → Excision bx from (L) commissure & (R) BM (+) GA (short) specimen for HPE

Dr. Shiv

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