TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Rukmini Madane

Age : 70 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 : / 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.		B3593499.

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

(R) PFS growth (for evaluation.

Date & Time	Progress Note & Treatment
07/10/25	Mrs. Rukmini Madne (70yr/F)
50-044 B3593499.	Pt c (c/o) - foreign body sensation in throat since last few days
(DL) Scopy → ~ UPG in (4x3cm) (R) PFS	⇓
	(I) Sh. A (LA) punch (Bx taken. specimen for (HPE)

Dr. Shivaji

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