



TEST REQUISITION FORM (TRF)

**Patient Details** (PLEASE FILL IN CAPITAL LETTERS ONLY):Name : Rukmini MadaneAge : 70 Yrs : _____ Months _____ DaysSex : 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 :	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient (18-22°C) ☐
Sample Collection Time : AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
<u>Small Biopsy.</u>		<u>B3593499.</u>

Clinical History:

No. of Samples Received:

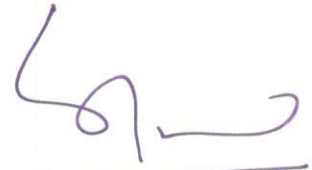
Received by:

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.

Progress Note & Treatment Sheet

(M) pfs growth
(for evaluation)

Date & Time	Progress Note & Treatment
07/10/25	Mrs. Mukmini Madne (70yr/1F)
SO-044 B3593499	PT (G) - foreign body sensation in throat since last few days
	(DL) Surg → = vph in (upsm) (M) pfs
	↓ (↓) sh. 7 (4A) punch (br) taken. specimen for (HPE)


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