



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : prakash patil
Age : 35 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 :	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>B3593508</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

9/10/25

~~Mr. Prakash Patil~~
Mr. Prakash Patil

Date & Time

Progress Note & Treatment

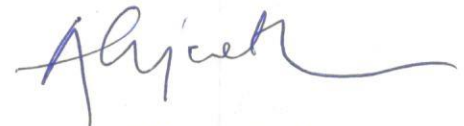
35/male

Abdominal lump ↓ ⊕

para-aortic node needle

Biopsy

50-044
B3593508



Dr. Abhijeet Kokate

DM Medical Oncology

Reg. No. - 2014030960