NABL
MC-3633

TEST REQUISITION FORM (TRF)

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SPL CODE : 8-u-027

Date :

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	sharada	35/F	HPR	ov	B3378517			[illegible]
2.	subhosh zambore							[illegible]
3.			[illegible]					
4.								
5.								

* Note Attached Clinical Report If Required

sample – left tube & left ovary.

24/10/25

Mr. Sharada Subhash Zambare

Age - 35 yrs

Add - Tembhurni, Tal - Madha,
Dist - Solapur.

Δ^{sis} - ?? Ruptured ectopic
Sau pregnancy
? left tubal ectopic
to
? ovarian.

sample - left Tube &
left ovary.

D