TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):

Name : Shrikant Gaikwad

Age : 38 Yrs : ___ Months ___ Days

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

Ph : _____

Client Details :

SPP Code 50-044

Customer Name _____

Customer Contact No _____

Ref Doctor Name Dr. 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
Small Biopsy. [L+Lateral border of Tongue] (punch Biopsy)		
		B3593516

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

Pt Name- shrikant Gaikwad
Age/sex - 38 yr/M

Date & Time	Progress Note & Treatment
1-10-2025 SO-044 B3593516	To, SAGE Lab c/o - Non-healing ulcer over (LL) Lateral border of tongue c tissue invasion (∴ few days) - approx - 3×2 cm Punch biopsy taken sample sent for HPE Kindly do needful! sd/- for Dr. Shivaji Salunke DrNB Surgical Oncology Reg. No.- 2024020762