



TEST REQUISITION FORM (TRF)

**Patient Details** (PLEASE FILL IN CAPITAL LETTERS ONLY):Name: Shrikant GaikwadAge: 38 Yrs: _____ Months _____ DaysSex: Male ☒ Female ☐ Date of Birth: ☐☐☐ ☐☐☐ ☐☐☐☐

Ph: _____

Client Details :SPP Code SD-044

Customer Name _____

Customer Contact No _____

Ref Doctor Name Dr. Shivanji 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]		B3593518

Clinical History: Punch Biopsy

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

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

To,
SAGE Lab

clo - non-healing ulcer over (lt)
lateral border of tongue c
tissue invasion

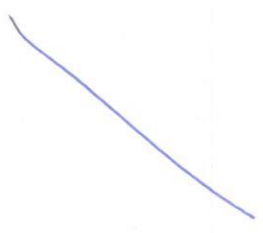
(∴ few days)

- approx - 3x2 cm

punch biopsy taken

sample sent for HPE

Kindly, do needful!

 for

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

50-044

B3593516