TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : shivaji Narte

Age : 42 Yrs : ___ Months ___ Days

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

Ph : _____

Client Details :

SPP Code SO - 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
Biopsy Small		B3593538

nical History:

No. of Samples Received:

Received by:

ach 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.

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority

Barshi Cancer Centre

Shivacharya Complex, Ainapur Maruti Road,Barshi - 413401 Mo.8149856861

Progress Note & Treatment Sheet

Non healing ulcer
— over lower lip

Date & Time	Progress Note & Treatment
Safe lab 83593538 50-044.	Mr. Shivaji ~~Faste~~ Narte 42yr/M patient (c/o) — Non healing ulcer over lower lip since last few ~~days~~ (wks) (c/e) Non-healing ulcer over ~(0.5x0.5) gingivo-labial sulcus c leuko + Erythroplakia changes extending beyond ulcer c No (R) cervical (LAP) — incisional (bx) performed (U) LA specimen for (HPE) Dr. Shivaji Dr.Shivaji Salunke Consultant Surgical Oncologist M.B.B.S.,DNB General Surgery DrNB Surgical Oncology FALS (Robotic Surgeon)