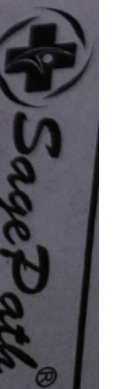


TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Shabana Bagwan

Age: 50 Yrs. — Months — Days

Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐ ☐☐☐ ☐☐☐☐☐☐

Client Details:

SPP Code

Customer Name

Customer Contact No

Ref Doctor Name

Ref Doctor Contact No

50-044

Shivaji Salunke

Specimen Details:

Specimen Collection date:

Specimen Collection Time:

AM / PM

Specimen Temperature:

Sent

Received

Frozen (<-20°C) ☐

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

HRP

Medium

Specimen

B4170437

History:

Fully 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.

No. of Samples Received
Received by:

VIVO T4

Saurabh 11/20/2025, 20:18



Barshi Cancer Centre

Shivacharya Complex, Aihapur Maruti Road, Barshi - 413401 Mo.8149858861

Progress Note & Treatment Sheet

Date & Time	Progress Note & Treatment
12/11/25 12/11/25	① IP thigh ? lipoma Mrs. Shalana Bagwan (50yrs 1f) pt is (10) - soft tissue swelling fine bar two months (43) ligamentary swelling PVX (IP thigh) ~ (ex uan) Excision (bx) performed (4) short (43)

Dr. Shivaji Salunke
Consultant Surgical Oncologist
M.B.B.S. DNB General Surgery
DNB Surgical Oncology
FMAS FALS (Robotic Surgeon)
MMC 2024020762