TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

tient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

me : Shabaad Bagwan

e : 50 Yrs : ___ Months ___ Days

x : Male ☐ Female ☐ Date of Birth : ☐☐ ☐☐ ☐☐☐☐

Client Details :

SPP Code 50-04

Customer Name

Customer Contact No

Ref Doctor Name Shivaji Salunke

Ref Doctor Contact No

ecimen Details:

nple Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
nple 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
HPR Medium	Specimen	B4170437

History:

No. of Samples Received

Received by:

uly 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.

vivo T4 5G 11/20/2025, 20:18 Saurabh

Barshi Cancer Centre

BCC
BARSHI CANCER CENTRE
Your Life, Our Priority
Shivacharya Complex, Ainapur Maruti Road, Barshi - 413401 Mo.8149856861

Progress Note & Treatment Sheet

(lt) thigh
? lipoma

Date & Time	Progress Note & Treatment
13/11/25 50-044 B4170437	Mrs. Shabana Bagwan (50yr / F) Pt c (40) - soft tissue swelling since last two months
(43) C	? lipomatous swelling over (lt) thigh ~ (5x4cm) — Excision (bx) performed (+) shirt (GA)

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

Shivaji Nagar, Paranda, ...

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Saurabh 11/14/2025, 18:29