NABL
MC-3633

TEST REQUISITION FORM (TRF)

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SPL CODE : C.G. 015. R.J. Pathology Lab

Date :

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	Mrs. Savitri Goswami	31/F	Biopsy	Tissue	A14 46601			Pooja Singh
2.	mrs. kamla	79/F	electrolytes	serum				pooja singh
3.			A14 46600					
4.								
5.								

* Note Attached Clinical Report If Required

पूजा नर्सिंग होम एवं हॉस्पिटल

डॉ. पूजा सिंह
M.B.B.S., D.G.O., F.C.G.P.
प्रसूति, स्त्री रोग एवं बांझपन विशेषज्ञ
Reg No. C.G.M.C. - 2803/2010

पुराना हाईकोर्ट के सामने, केनरा बैंक के बगल में, बिलासपुर
फोन : (क्ली.) 07752-400130, 427942

Savitri Goswami 27/11/25

31 yrs.

Δ - Uterine fibroid
c DUB

Specimen of uterus c
Right ovary & fallopian
tube sent for biopsy