



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Priya Taktode

Age : 23 Yrs : Months : Days

Sex : Male Female Date of Birth : DD MM YY

Ref Doctor Name : Aant Kawalas

Ref Doctor Contact No. : pu-027

Customer Name : self

Customer Contact No. : Aant Kawalas

Specimen Details:

Sample Collection date : AM / PM

Sample Collection Time : AM / PM

Specimen Temperature : Frozen (<-20°C) Refrigerator (2-8°C) Ambient (18-22°C)

Received : Frozen (<-20°C) Refrigerator (2-8°C) Ambient (18-22°C)

Test Name / Test Code

HPK

Sample Type

HPK

SPL Barcode No

24570896

Clinical History:

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.

Dr. Priya Takode
Agt 23/f

Endometrial Sampling
for HPR.

DUB



Zerodol-SP