PAHAL

Assistance Program

	TEST INFORMATION
Test Name	TACROLIMUS TRF NO: TC2020W04516-16
Doctor Name	Anup Choudhary
Dr. Contact No	
Hospital Name	Nanavati
Hospital Address	Mumbai
Collection Date	15 / 07 / 2020 DD/MM/YYYY
Collection Time	24 Hrs
PATIENT INFORMATION	
Patient UID No	2020W04516
Patient Name	Dhananjay Karnik
Patient Mobile No	
Patient Age	Yrs DOB / /
Gender	X Male Female Home Address
Туре	FOC X PAID 602, Sachinam, Raheja Complex, behind Times of India, Western Ex-
Home Collection	χ YES NO press Highway,
LAB INFORMATION	
Lab Name	Metropolis Lab Code MPL
Lab Address	
Lab City	Mumbai
Person Name	Mayur Sign

The Test request is done on doctors consent and recommendations

Kindly send the duly filled and signed / stamped TRF to Kartavya Healtheon Pvt Ltd, Mumbai with one copy for your records

Supported By

INTAS