07/3/09

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name MRS. RANI

Age 29 Yrs ___ Months ___ Days

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

Ph : _____

Client Details :

SPP Code DIAGNOSTICA SPAN

Customer Name SPLBPILS

Customer Contact No _____

Ref Doctor Name _____

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date :

Sample Collection Time : AM / PM

Specimen Temperature :

Sent	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	Sample Type	SPL Barcode No
Quadruple Markar	Serum	
DOB - 12/9/1993		
Weight - 49 KG		
Height - 5.45 F		

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.

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DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India– 462020

ULTRASONOGRAPHY REPORT
Early Obstetrics

Patient's Name: Rani Age: 29 F Date: 06-03-2023

OPD Registration No: 239212300154262 Referred By:

LMP:- 13-12-2022

- GA by LMP 11w6d EDD by LMP 19-9-2023

EDD by USG 18-9-2023.

- CRL 5.45cm. 12w0d
- MSD –
- Fetal Pole Seen. Cardiac activity 169 bpm.
- Yolk Sac Not seen.
- Adnexa ~~No e/o any adnexal mass/cystic lesion.~~ A corpus luteum cyst of size 2.6x3.1 cm is noted in Right ovary. No e/o any lesion in Left ovary.
- Cx Cx-closed

Others:

NT – 1.6 mm NB – seen.

IMPRESSON: Single Live Intrauterine gestation of EGA 12w0d by USG.

DECLARATION

I Dr. Preeti declare that while performing sonography/ Image scanning of Rani, I have neither detected nor disclosed sex of thefetus to her or anybody in any manner.

SONOLOGIST

SENIOR RESIDENT
Department of Radiodiagnosis
All India Institute of Medical Sciences
Saket Nagar, Bhopal (M.P.)