TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mrs. Mamta Shriwas

Age : 31 Yrs : ____ Months ____ Days

Sex : Male ☐ Female ☑ Date of Birth : DD MM YYYY

Ph : _____

Client Details :

SPP Code SPL CH 015

Customer Name RJ Pathology

Customer Contact No _____

Ref Doctor Name ~~Dr.~~ Pooja Shah

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date : 29/05/23	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample 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
Quadraple Markar	Serum	24132812

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.

PathCare Diagnostics
(A UNIT OF PATHCARE LABS PVT.LTD.)

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker **(9.0-13.6 wks)** | Triple and Quad Marker **(14.0-22.6 wks)** ✓

Patient Name : Mrs. Mamta Shrivas **Sample collection date** : 29/05/2023

Vial ID : _____

Date of Birth (Day/Month/Year) : 01/01/1992

L.M.P. (Day/Month/Year) : 16/02/2023

Gestational age by ultrasound (Weeks/days) : 14/04 **Date of Ultrasound** : __/__/__

Nuchal thickness (in mm): _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester ○ Second trimester ○

Sonographer Name : Prasanna Singh.

Weight(Kg): 61 Kg

Diabetic status : Yes ○ No ○

Smoking : Yes ○ No ○

Gestation : Single ○ Twins ○

Race : Asian ○ African ○ Caucasian ☐ Others ○

IVF : Yes ○ No ○ **If Yes,** Own Eggs ○ Donor Eggs ○

If Donor Eggs, Egg Donor birth date : __/__/__

Previous pregnancies :

With Down Syndrome : Yes ○ No ○

With Neural tube Anomaly : Yes ○ No ○

Any other Chromosome anomaly : Yes ○ No ○

Data Filled by :

Dr. Pooja Singh
M.B.B.S., D.G.O., F.C.G.P.
Obstretics & Gynaecology, Infertility
Reg No. C.G.M.C. - 2803/2010

ओ.पी.डी. समय : सुबह 10.30 से दोपहर 2 बजे तक, शाम 6 से रात्रि 8 बजे तक

पूजा नर्सिंग होम एण्ड हॉस्पिटल

Smt - Mamta
31 years

Date
11/5/23

$G_3P_2L_2$
LMP - 16/02/23
T 1st taken

BP : 110/7
Pulse - 88
Temp 98F
O2 - 98%
wt - 61kg
4 months psg
c/o cramps

Investigation :

Hb
TLC, DLC, ESR
Blood Group
Blood Sugar (R / PP)
LFT
RFT
BT, CT
Urine (R / M)
Sickling
VDRL
T3, T4, TSH
TB IgG, IgM
HIV
HbsAg
USG
HSG
Husband's Semen Analysis

Dw
Quadruple marker test

Rx
- Tab Fenest 200 (SOS)
- Tab Calcibel 100 (OD)
- Syp Sway 2 tsf bd
- Tab Lupihope (1-0-1)
- Tab Ecosprin (0-1-0)

NHA Reg. No. - BILA0569/LAB

बालाजी डायग्नोस्टिक

सोनोग्राफी, कलर डॉप्लर एवं डिजिटल एक्स-रे

Sonologist & Sonologist
C.G.M.C. - 079/20003
balajidiagnosticbsp@gmail.com

स्लिम्स हॉस्पिटल रोड, रेडक्रास दवाई दुकान के सामने, बिलासपुर (छ.ग.) फोन : 07752-416717, 490757

Patient name	Mrs. MAMATA	**Age/Sex**	31 Years / Female
Patient ID	25042023-014128PM	**Visit no**	1
Referred by	Dr. POOJA SINGH DGO,FCGP	**Visit date**	25/04/2023
LMP date	Unknown	**C-EDD**	20/11/2023

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation

Maternal

Cervix measured 4.20 cm in length.
internal os closed

Right Uterine	1.4	(14%)
Left Uterine	0.8	(1%)
Mean PI	1.1	(4%)

Fetus

Survey

Placenta : Anterior
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 187 bpm

***Biometry*(Hadlock, Unit: mm)**

CRL	34.4, 10W 1D	(50%)

Aneuploidy Markers (mm)

NT	1.1 normal	(75%)

b/l ovaries normal in size.

Impression

SINGLE ALIVE INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 10 WEEKS 1 DAY CORRECTED EDD 20-11-2023
PLACENTA - ANTERIOR NOT LOW LYING
MATERNAL UPPER ABDOMEN & KUB USG NORMAL.
I DR.PRASANNA SINGH here by declear that while conducting ultrasonography mrs. mamta i have neither detected nor disclosed the sex of her fetus to any body in any manner.

Dr. Prasanna Singh
M.B.B.S., D.M.R.D.
Consultant Radiologist & Sonologist

भारत सरकार
GOVERNMENT OF INDIA

ममता श्रीवास
Mamta Shriwas
जन्म तिथि/ DOB: 01/01/1992
महिला / FEMALE

6751 4111 9433

आधार-आम आदमी का अधिकार

AADHAAR
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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Aadhaar-Aam Admi ka Adhika