



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. Farhana Ansari
Age: 30 Yrs: _____ Months: _____ Days: _____
Sex: Male ☐ Female ☒ Date of Birth: 02 02 20 00 00 00
Ph: _____

Client Details:

SPP Code: Diagnostica Span
Customer Name: SPL BP115 Pvt Ltd
Customer Contact No: _____
Ref Doctor Name: _____
Ref Doctor Contact No: _____

Specimen Details:

Sample Collection date: _____	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

quadruple marker
Ht - 5.2 cm
w - 66.5 kg
DOB - 14/03/1990

serum

24392026

Clinical History:

No. of Samples Received:

Received by: [Signature]

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.



DEPARTMENT OF RADIO DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India - 462 020

ULTRASONOGRAPHY REPORT

OBSTETRICS

Patient's Name: Farhana

Age: 30y / f

Date: 08/6/23

OPD Registration No:
239212300334023

Referred By:

USG No.:

LMP - GA by LMP - 22w 1d : EDD by LMP - 11/10/23

Number of fetuses - Single

Fetal Position - Variable

Fetal Heart - (+) / Heart Rate 146 bpm

Placenta Position - fundoposterior towards maternal left

Amniotic fluid - adequate

Fetal Biometry - All measurements are in cms.

BPD = 23w 0d

FL = 22w 5d

HC = 21w 5d

AC = 23w 0d

Effective gestational age by USG = 22w 2d

Fetal Weight = 534 ± 80 gm

Screening of Body Parts:

HEAD:

Skull - Normal / doliocephalic

Nuchal fold thickness - 4.1 mm

Orbital diameter - 12 mm

Inter orbital distance - 11 mm

Palate, Lips & Nose appear normal