



TEST REQUISITION FORM (TRF)



14/06/2023

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: MRS. POONAM

Age 25 Yrs: _____ Months: _____ Days: _____

Sex: Male ☐ Female ☒ Date of Birth: 00 00 00 00 00 00

Ph: _____

Client Details:

SPP Code 2 diagnostica spa

Customer Name SPLBP115

Customer Contact No _____

Ref Doctor Name 8770099354

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

Double marker

H. = 150 cm

W = 39.9 kg

DOB = 30-4-1997

Serum 24392023

Clinical History:

No. of Samples Received:

Note: Attach duly filled requisition form to the specimen container.



DEPARTMENT OF RADIO DIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India- 462020



ULTRASONOGRAPHY REPORT

Early Obstetrics

Patient's Name: pobnam

Age: 25y/f

Date: 14/6/23

OPD Registration No:

Referred By:

LMP:- 27/3/23

GA by LMP 12w1d EDD by LMP 26/12/23

EDD by USG 23/12/23

CRL 6.24cm 12w4d

MSD -

Fetal Pole seen Cardiac activity 141 bpm

Yolk Sac not seen

Adnexa clear

Cx adequate

Others:

NT - 1.7mm

NB - FNT

IMPRESSION:

Early formip placenta - fundoposterior
- A 2.1 x 1.3 cm intramural fibroid not
in the posterior wall. (190-3)

Single live intrauterine gestation of EGA

12w4d by USG

DECLARATION

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

SONOLOGIST

SENIOR RESIDENT

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