



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. TANYA SHARMA

Age: 33 Yrs: Months Days

Sex: Male Female Date of Birth:

Ph:

Client Details:

SPP Code: SPL C6020

Customer Name: msp patients

Customer Contact No:

Ref Doctor Name: B. dubey M.D.

Ref Doctor Contact No:

Specimen Details:

Sample Collection date:	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)
<u>Dual. test</u> <u>TSH</u> <u>right. s.1</u> <u>weigh. 61 kg.</u> <u>DOB. 7/11/1990</u>					

Clinical History:

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.

No. of Samples Received:

Received by:

Ultrasound report : First trimester Second trimester

Sonographer Name :

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

 Patient Name : Mrs. TANIYA SHARMA Sample collection date : 38/7

 Vial ID : 24136823
22/07/2023

 Date of Birth (Day/Month/Year) : 07/11/1970

 Weight (Kg) : 67 kg

 L.M.P. (Day/Month/Year) : 10/05/2023

 Gestational age by ultrasound (Weeks/days) : 11 Date of Ultrasound : 14/06/2023

Nuchal Translucency(NT) (in mm) : _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

 Ultrasound report : First trimester Second trimester

Sonographer Name : _____

 Diabetic status : Yes No

 Smoking : Yes No

 No. of Fetuses : 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

 Signature : 



4D SONOGRAPHY, COLOUR DOPPLER ULTRASOUND AND INTERVENTIONAL GENETIC CLINIC

Near Agrasen Chowk, Magarpura Road, Bilaspur - 495 001 (C.G.) Ph : 07752 - 400616, Mobile : 74403 33999, 88221 18855

NAME : MRS. TANYA SHARMA , 33 Yrs./F
REF. BY : Dr. (MRS) B. DUBEY M.D. (O&G)

DATE : 29 Jun 2023SONOGRAPHY OF PELVIS (TAS)INDICATION NO - 1, 17

G3 L1 A1

FIRST - ALIVE 6 YEARS/M
SECOND - FIRST TRIMESTER ABORTION
THIRD - PRESENT PREGNANCY

LMP : 10.05.2023

EDD : 14.02.2024

Ges Age: 7 weeks 1 day.

Uterus is anteverted .

Single well defined gestational sac seen in uterus.
 Its size and shape is regular. E/o good vascularity seen around the gestational sac.
 Secondary yolk sac and Embryo seen.

CRL : 1.46 cm = 7 weeks 6 days.

USG GUIDED EDD : 09.02.2024

Embryonic cardiac activity seen. FHR : 172 bpm.

Cervix appears normal. Internal os is closed.

No mass lesion seen in either adenexa.

OPINION : EARLY SINGLE ALIVE INTRAUTERINE PREGNANCY OF
 7 WEEKS 6 DAYS MATURITY (ASSIGNED AS PER BIOMETRY).

SUGGESTED: DOUBLE MARKER TEST AND
 FOLLOW UP USG AT 11 - 13.6 WKS FOR NT SCAN.

Thanks for reference.

All measurements including estimated foetal weight, are subject to statistical variations.
 Not all anomalies can be detected on sonography.

I, Dr. Mrs. Riya Lalit Makhija, declare that while conducting USG of Mrs. TANYA, W/o Mr. NITESH,
 I have neither detected nor disclosed the sex of her fetus to any body in any manner.

Dr. Mrs. Riya Lalit Makhija
 CGMC-1929

PRE-NATAL SEX DETERMINATION IS NOT DONE HERE

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRAY SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS, HENCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATIVE FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.