

Karyotyping (Chromosome Analysis) Clinical History Form

CLIENT CODE & CLIENT NAME: \_\_\_\_\_ Lab Reference No.: \_\_\_\_\_  
 Accession No. (For Lab use only): \_\_\_\_\_  
 Patient's Name Sagar Sandipan Dalvi  
 Date of Birth: 21/09/1986 Age: \_\_\_\_\_ years  
 Date & Time of Sample Collection: 24/07/2023 Gender: M/ F/ TG

## Clinician's Details

Name: Neelkar Lab Contact Number: 9423528537

## Specimen Submitted

Whole Blood  Tissue  Any Other Whole blood

Indication of Test: History of Abortion

Relevant Clinical History of Patient: \_\_\_\_\_

Consanguineous Marriage (Married to close relatives)  Yes  No

Number of Conceptions \_\_\_\_\_

No. of Births: — No. of Abortions: 11 Delivery: Children: Surviving — Expired —

Mother's Age at the time of Patient's Birth (Applicable for children) \_\_\_\_\_

• Congenital Deformity in Mother:  Yes  No

• If Yes, Please specify physical or mental

Father's Age at the time of Patient's Birth (Applicable for children) \_\_\_\_\_

• Congenital Deformity in Mother:  Yes  No

• If Yes, Please specify physical or mental

## Family History of Congenital Defect (if applicable)

• Maternal Relatives  Yes  No if Yes Please Specify Physical or Material

• Paternal Relatives  Yes  No if Yes Please Specify Physical or Material

## Any Congenital Deformity in Grandparents

• Maternal Relatives  Yes  No if Yes Please Specify Physical or Material

• Paternal Relatives  Yes  No if Yes Please Specify Physical or Material

No. of Siblings: Male: — Female: —

Any Congenital deformity in Siblings:  Yes  No If Yes, Please Specify Physical or Material

Sagar Dalvi

Name & Signature of Patients / Guardian

 

Name & Signature of Requisitioner