TEST REQUISITION FORM (TRF)

NABL MC-3653

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. NEELAM. SHRIVAS.

Age : 32 Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SPL0020.

Customer Name MSP. Pathlab.

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) ☐
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
Sickling Dual test		
		24136530.
Hight. 4'8 cm.	SERUM.	
weight - 53 KG. LMP. 09/08/2015.	EDTA	24136529.
DOB. 04/11/1992 Mo.No. 9770137051.		

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.

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PRENATAL SCREENING REQUEST FORM

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

Patient Name : MEELAM - SHRIVAS **Sample collection date :**

Vial ID : 24136830

Date of Birth (Day/Month/Year) :

Weight (Kg) : 53 Kg.

L.M.P. (Day/Month/Year) : 09/05/2023.

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound :**__/__/___

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 :

Shriji Sonography Centre
प्रथम तल F : 12-27, RAJIV PLAZA, OPP. DIST. HOSPITAL
BILASPUR 495 001 (C.G.) MOBILE : 9926275226
MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007
Dr. Shweta Andhare POST No. - 976

Name : NEELAM SHRIVAS	Date 01/07/2023
Ref. By : Dr B DUBEY MD	Age / Sex :32Y /F
Patient ID :	

OBSTETRIC SONOGRAPHY

The real time,B mode, sonography of gravid uterus was performed.
There is a single, intrauterine gestation.

L.M.P. : 09/05/2023 Gestational Age 7 WKS 4 D E.D.D. 13/02/2024

G SAC 23.4 MM COMPATIBLE WITH 7 WKS 2 DAYS

CRL 11.9 MM COMPATIBLE WITH 7 WKS 2 DAYS

FHR MEASURES 174/MIN..

YOLK SAC VISULIZED

FETAL POLE VISULIZED.

DECIDUAL REACTION IS GOOD AND ADEQUATE.

NO E/O SC BLEED NOTED.

INTERNAL OS CLOSED CERVICAL LENGTH MEASURES 3.9 CM.

IMPRESSION

- SINGLE, LIVE , INTRAUTERINE GESTATION OF 7 WKS 2 DAYS .(+/- 2 wks).
- THE CORRECTED E.D.D. IS 15/02/2024(+/- 2 wks.).

Thanks for reference

Dr. Shweta Andhare
DMRE
REG.NO CGMC 1028/2007