TEST REQUISITION FORM (TRF)

NABL MC-3633

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Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. KHUSHBOO JHA.

Age : 28. Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SPLCU020.

Customer Name MSP. Pathlab.

Customer Contact No

Ref Doctor Name B. dubey M.D.

Ref Doctor Contact No

Specimen Details:

Sample Collection date : / Sample Collection Time : AM / PM	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) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Dual test	Serum.	24136532
Height. 5.0 cm.		
Weight. 79. kg.		
DOB. 16/06/1995		
LMP. 22/05/2023. M0,N0, 7389075510		

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.

Ultrasound report : First trimester ○ Second trimester ○

Sonographer Name :

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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 KHUSHBOO JHA **Sample collection date :** 08/08/2023.

Vial ID : 24136532.

Date of Birth (Day/Month/Year) :

Weight (Kg) : 79.1 Kg

L.M.P. (Day/Month/Year) : 22/05/2023.

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound :** 17/07/2023.

Nuchal Translucency(NT) (in mm):_____CRL (in mm) :____BPD : ____

Nasal bone (Present/Absent)

Ultrasound report : First trimester O Second trimester O

Sonographer Name : _____

Diabetic status : Yes O No O

Smoking : Yes O No O

No.of Fetuses : Single O Twins O

Race : Asian O African O Caucasian ☐Others O

IVF : Yes O No O **If Yes,** Own Eggs O Donor Eggs O

If Donor Eggs, Egg Donor birth date : __/__/__

Previous pregnancies :

With Down Syndrome : Yes O No O

With Neural tube Anomaly : Yes O No O

Any other Chromosome anomaly : Yes O No O

Signature :

Shriji Sonography Centre
प्रथम तल F : 12-27, RAJIV PLAZA, OPP. DIST. HOSPITAL
BILASPUR 495 001 (C.G.) MOBILE : 9926275226
Dr. Shweta Andhare
MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007
PDNT No. - 676

Name : KHUSHBOO JHA
Ref. By : Dr B DUBEY MD
Patient ID :
Date 17/07/2023
Age / Sex :28Y /F

OBSTETRIC SONOGRAPHY

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

L.M.P. : 22/05/2023 Gestational Age 8 WKS 0 D E.D.D. 26/02/2024

G SAC 25.8 MM COMPATIBLE WITH 7 WKS 4 DAYS

CRL 14.8 MM COMPATIBLE WITH 7 WKS 5 DAYS

FHR MEASURES 130/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 3.0 CM.

IMPRESSION

- SINGLE, LIVE , INTRAUTERINE GESTATION OF 7 WKS 4 DAYS .(+/- 2 wks).
- THE CORRECTED E.D.D. IS 29/02/2024 (+/- 2 wks.).

Thanks for reference

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

ULTRASOUND DIAGNOSIS IS BASED ON ... PITFALLS, HENCE ...