TEST REQUISITION FORM (TRF)

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. SHALU SHRIVAS

Age : 22 Yrs : ___ Months ___ Days

Sex : Male ☐ Female [✓] Date of Birth : ☐☐ ☐☐ ☐☐☐☐

Ph : ___

Client Details :

SPP Code SPL0020.

Customer Name MSP Pathelab.

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
Dual test.		
	Serum.	24136543.
Hight. 4.9cm.		
Weigh- 40kg.		

Clinical History: DOB. 08/02/2001.

CMP. 3/05/2023.

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 : SHALU · SHRIMAL. **Sample collection date** : 10/06/2023

Vial ID : 24136543.

Date of Birth (Day/Month/Year) :

Weight (Kg) : 40 Kg.

L.M.P. (Day/Month/Year) :

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound** : 5/7/23.

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 :

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Dr. Smita Tiwari
M.D. Radiodiagnosis
Reg. No. CGMC-1560/2008
Mob. : 9584027929
E-mail : lalmanidiagnostics@gmail.com

NAME : MRS. SHALU SHRIWAS
REF. BY: DR. (MRS.) B. DUBEY

Age/Sex: 22 Y/ F
DATE: 05/07/2023

ULTRASOUND OBSTETRIC -EARLY

Single live intrauterine embryo, **CRL 6.21 mm corresponding with 6 weeks + 4 days +/-** 3 days period of gestation.

Fetal cardiac activity is **118 / bpm, regular.**

LMP:- 03.05.2023

G.Age by LMP
9 weeks 0 day

EDD by LMP
07.02.2024

G.Age by USG
6 weeks 4 days

EDD by USG
24.02.2024

Yolk sac is normal.

No obvious adnexal mass lesion.

Internal os is closed.

Cervix - within normal limit

Impression:

Single live intra uterine pregnancy MGA of 6 weeks 4 days.

Disclaimer

All congenital anomalies may not be detected on USG.
I Dr. Smita Tiwari, declare that I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Thanks for reference.

DR SMITA TIWARI
MD RADIODIAGNOSIS
Reg. No. CGMC-1560/2008

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 INVESTIGATION FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.

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