



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : MRS. SHALU SHRI WAS

Age : 22 Yrs : Months Days

Sex : Male ☐ Female ☒ Date of Birth :

Ph :

Client Details :

SPP Code SPLC4020

Customer Name mss. patholab.

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

Height - 4.9 cm.

Weight - 40 kg.

Clinical History: DOB. 08/02/2001

cmp 3/05/2023

No. of Samples Received:

Received by: [Signature]

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.

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 SHRINWAS 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 : 

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:

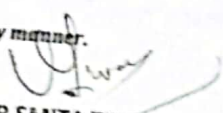
Single live intra uterine pregnancy MGA of 6 weeks 4 days.

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