PT - MO. 9755749157

TEST REQUISITION FORM (TRF)

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NABL MC-5555

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. SANGEETA MADHUKAR

Age : 25. Yrs : ___ Months ___ Days

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

Ph : ___

Client Details :

SPP Code SPL no 20.

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
TSH.		
Triple test	Serum.	24136542.
Hight. 5,0. cm.		
weigh - 51 kg.		
LMP. 28/04/2023.		
DOB. 04/07/1998.		

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.

BILASPUR SCAN & RESEARCH (P) LTD.

Diagnosis with care

4D

Madhya Nagari Chowk, Juni Line Road, BILASPUR, (C.G.)
Ph. : (07752) 414320, 423832 (C) Mobile : 98930-14252

Image Intelligence

NAME : MRS SANGEETA MADHUKAR , 25 Yrs. , Female DATE : 22 Jun 2023
REF. BY : Dr.B.Dubey MD GYNAE
LMP: 28.04.23 EDD: 02.02.24 PGA: 7.6WKS

REAL TIME B MODE SONOGRAPHY OBSERVATIONS; TAS

Scan on 4D colour Doppler Scanner GE Varsana Premier.

* Uterus is 8.65X5.06 cm in size. ***Anteverted*** in position, Myometrial echotexture is ***homogenous.***
* Intrauterine gestational sac measuring 25.9 mm is seen = 7.4 wks of gestation. SD ± 1 wk(Chilcote et al). ***Chorionic frondosum is posterior.***
* Single fetal pole seen.
* Fetal cardiac activity wave form taken on Duplex Doppler 179BPM.
* CRL is 17.1 mm = 8.1wks.
* Rt. ovary is 3.15x1.92cm and ***Lt. ovary shows echofree area measuring 3.93x3.39 cm in size.***
* Bladder is normal in outline and no vesical calculus or diverticulum seen.
* No fluid in POD Present.

**** IMPRESSION: SINGLE LIVE INTRAUTERINE PREGNANCY OF 8.1 Wks. ACORDING TO CRL. LT. LUTEAL CYST .**

ADV: REVIEW AT 11- 13 WKS FOR NUCHAL TRANSLUCENCY .

Thanks for reference

DECLERATION: I declare that neither detected nor disclosed the sex of the foetus of pregnant women to anybody as laid down in rule 10(1A).

DR. GURMEET KAUR
MBBS,DGO
R.NO. CGMC/890/207

DR. NAVNEET SINGH
DMRD, MIFUMB,FICU
R.NO.C.G.M.C.-889/2007

(Disparity in final diagnosis can occur due to technical pitfalls ie false positive & false negative esults. Hence please corelate all USG observations with clinical and other investigations. fetal malformations can be masked in large fetus,oligohydramnios and due to positioning. No legal liability is accepted.Not for medico legal purpose.Subject to Bilaspur jurisdiction only)

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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 : SANGEETA MADHUKAR **Sample collection date :**

Vial ID : 24136542.

Date of Birth (Day/Month/Year) :

Weight (Kg) : 51 kg

L.M.P. (Day/Month/Year) : 28/04/2023.

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound :** 22/07/23.

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 :