9131645220 PT. MD.

TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. HARLEEN · MANWANI

Age : ~~23~~ Yrs : ____ Months ____ Days

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

Ph : ____

Client Details :

SPP Code SPL CR020.

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.	24136541.
height - 5.4 cm.		
weight - 65. kg.		
LMP. 07/06/2023.		
DOB. 28/07/1995		

Clinical History:

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.

No. of Samples Received:

Received by:

SagePath®
Excellence In Health Care

PRENATAL SCREENING REQUEST FORM

✓

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

Patient Name : HARLEEN. NANGRAL **Sample collection date :**

Vial ID : 24136541

Date of Birth (Day/Month/Year) :

Weight (Kg) : 65 Kg.

L.M.P. (Day/Month/Year) : 07/06/2023.

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 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 :

लालमनी डायग्नोस्टिक्स सोनोग्रॉफी सेंटर
Lalmani Diagnostics Sonography Center

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

Ambience Business Park, G-9, Opp. C.M.D. College, Link Road, Bilaspur (C.G.) Mob. : 7000610751

NAME : MRS.HARLEEN NANWANI (NEELAM)
REF. BY: DR.(MRS.) B.DUBEY

Age/Sex:23Y/ F
DATE:29/07/2023

ULTRASOUND OBSTETRIC

Single live intrauterine embryo, CRL 11.49 mm corresponding with 7 weeks + 3 days +/- 3 days period of gestation.

Fetal cardiac activity is 158 / bpm, regular.

LMP:- 07/06/2023

G.Age by LMP	EDD by LMP
7 weeks 3 days	13/03/2024

G.Age by USG	EDD by USG
7 weeks 3 days	13/03/2024

Yolk sac is normal.

No obvious adnexal mass lesion.

Internal os is closed.

Cervix-- within normal limit

Correct EDD : 13/03/2024

Minimal subchorionic collection seen at fundal region (0.2cc)and at along posterior wall (0.9cc)

Impression:

a) **Single live intra uterine pregnancy MGA of 7 weeks 3 days.**

b) **Minimal subchorionic collection seen at fundal region (0.2cc)and at along posterior wall (0.9cc).**

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.

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

Thanks for reference.

IT IS ALSO AFFECTED BY TECHNICAL PITFALLS, HENCE-IT IS SUGGESTED TO CO-RELATE ULTRASOUND
LIABILITY IS ACCEPTED, NOT FOR PURPOSE.