88782/6.53.

QSP-02/04

TEST REQUISITION FORM

PathCare Diagnostics™
(A UNIT OF PATHCARE LABS PVT.LTD.)

Date of Shipment

PCC Code: SPLCh020.

Patient Name: MRS. BASALT.

Gender: M / F — Age: 33 Years — Months — Days

Date of Birth: D D M M Y Y

Referring Physician — Name & Address: B. dubey M.D.

Phone # :

Specimen Collected By

Prepared By: MSP-Pathotech.

Sample Collection Details

Date: 31/08/2021 Time

Test Name / Codes: Triple MARKER.

Sample Type / Origin	Vial ID
Serum.	24242984.

Number of Sample Containers: 1.

Clinical Details / History (Attach additional clinical data if any): Hight - 4.4. weigh - 41 Kg

Last Menstrual Period (LMP) Mandatory for all gynaecologic specimen: LMP. 07/08/2023.

Specimen Receipt Details (FOR OFFICIAL USE ONLY)

No. of Samples Received: DOB. 10/03/1990.

Received By:

Condition of Receipt: A / R / F

Date of Receipt

Time of Receipt

NOTE Refer PCC Manual / Directory of services for patient preparation, specimen collection, reporting time & charges or call nearest franchisee for details or visit www.pathcarelabs.com

GARH SONOGRAPHY CENTER

AYAT PARISAR PAMGARH Distt. Janjgir-Champa (C.G.)
: 8965074222, 7222905254

Dr. R.S. Joshi
(M.B.B.S., D.M.R.D.)
Consulting
Radiologist & Sonologist
Reg. No. CGMC/3892

S.NO. :..

Patient'Name BASANT ,W/o, PREM KUMAR Date. 24/07/2023

Address . BHAISO (PAMGARH) DISTT- JANJGIR CHAMPA(C.G.) Age/sex.. 33ys Y,M/F 1

Ref.by Dr. R.S. JOSHI Referred for .. ? Pregnancy

CRL MEASUREMENT

RL measurement... 44.2 mm 11 wk02 days

MP (Ammonal) Date . 07/05/2023 11wk 01days .EDD... 11/02/2024

estational Sec... 56.3 mm 11wk 04 days

lk Sec... Not seen

centa.. Anterior

rdiac activities of fetus .... HR 173bpm

niotic fluid .. Clear ....adiqualy/inadiqu.. Adequate ..tubidty.....

ıs movement ... Present

ression... A single live intra uterine fetus node seen with cardiac activities and movement

GA. 11wk 03 days EDD 09/02/2024

ation wk. 11 .day.. 01 EDD.. 11/02/2024

Gestation wk. 11 day.. 03 EDD.. 09/02/2024

Pamgarh

Dr.R.S.Joshi
(M.B.B.S,D.M.R.D.)

TAL SEX
INATION
ONE HERE

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

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 : MRS. BASANT **Sample collection date** : 31/08/2023.

Vial ID : 24242984.

Date of Birth (Day/Month/Year) :

Weight (Kg) : 41 Kg.

L.M.P. (Day/Month/Year) : 07/05/2023.

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound :** 24/07/2023.

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 :