



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):
Name: MR. Jyoti Joshi

Age: 23 Yrs: _____ Months: _____ Days: _____
Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐☐☐☐☐☐
Ph: _____

Client Details:

SPP Code: MSPLC6020
Customer Name: MSPL Patholab.
Customer Contact No: _____
Ref Doctor Name: B. Dubey M.D.
Ref Doctor Contact No: _____

Specimen Details:

Sample Collection date: _____

Sample Collection Time: _____

AM / PM

Specimen Temperature:

Sent

Received

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

DUAL TEST

TSH

DOB-07/04/2000

SEM URN

24242963

Height - 5.2

Weight - 77 kg

Clinical History:

7898841946

No. of Samples Received:

Received by: [Signature]

Please 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.

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Jyoti Joshi Sample collection date :

Vial ID : 24242463

Date of Birth (Day/Month/Year) :

Weight (Kg) : 77 kg

L.M.P. (Day/Month/Year) : 26/06/2023

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 30/08/23

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 :

MRI**SUDHIR X-RAY
& DIAGNOSTICS****SUDHIR C.T. SCAN
& RESEARCH CENTRE****MRI SIEMENS SEMPRA 1.5 TESLA****MRI 1.5 TESLA | ADVANCED C T SCAN | DIGITAL X-RAY
5D - 4D COLOUR ULTRASONOGRAPHY****ADDRESS :** Near Nagar Nigam Office, G. E. Road, Supela, BHILAI, Distt. - DURG (CHHATTISGARH) 490 023
PHONE : 0788 - 4039228, 4030482, 8962271173, 89622 93072
E-MAIL : sudhirscan95@gmail.com**TIME :** 9 AM to 8 PM (SUNDAY 10 AM to 5 PM)**CODE (% #)
DATE :** 30/08/2023**MRI 1.5 TESLA****ADVANCED C T SCAN****3D - 4D WHOLE BODY
COLOUR DOPPLER
MAGING****3D - 4D COLOUR
ULTRASONOGRAPHY****ECHOCARDIOGRAPHY
COLOUR DOPPLER****ELASTOSCAN****DIGITAL X-RAY****DIGITAL
PORTABLE X-RAY****DIGITAL O. P. G.****DIGITAL
MAMMOGRAPHY****VIDEO E. E. G.****VIDEO ENDOSCOPY****VIDEO COLONOSCOPY****SPIROMETRY****E. C. G., E. M. G.,
N. C. S., BERA, VEP****PATHOLOGY
88274 03489****ERL Diagnostics
Authorised Blood
Collection Centre****PATIENT'S NAME :** MRS. TONI JOSHI**REF BY :** DR. VIJAYA WAKODKAR M.D., D.G.O.**AGE / SEX :** 23 YRS / FEMALE**Routine Obstetrical Sonography for Gestational age****Single Sac Located In Fundus.****Margins are Defined.****Embryonic Echo seen.****Heart Activity seen 159/mt.regular.****SAC. _____ Measures - 44.7 MM. corresponds 10 W****C.R.L. _____ Measures - 18.9 MM. corresponds 8 W 3 d.****U/S Gestational age _____ 9 weeks 1 day.****U/S E.D.D. _____ 02/04/2024 $\pm$ 10 Days.****ENDOCERVICAL CANAL _____ Normal.****Cervical canal length normal (Measures- 39.6 MM.)****VAGINA - normal.****RIGHT OVARY _____ Measures - normal****LEFT OVARY _____ Corpus luteal cyst of size - 30.1 X 16.6 mm is seen in
left ovary, margins are defined, no internal echos seen.****(L.M.P. 26/06/2023. Gestational age by L.M.P. - 9 weeks 2 days . E.D.D. by L.M.P. 01/04/2024)****INFERENCE:- VIABLE PREGNANCY OF 9 WEEKS 1 DAY DURATION.****ADVICE- FOLLOW UP & FURTHER WORK UP****I Have not detected or disclosed the sex of the foetus to anybody in any manner*****This document is medical report cannot be used for other purposes.*****DR. GAURAV KOHLI
D.M.R.D.****(SENIOR SONOLOGIST & RADIOLOGIST)
FORMER REGISTRAR SEC - 9 HOSP.****DR. SUDHIR KUMAR SHUKLA
M.D., FIAMS (RADIOLOGY)
HON. PROFESSOR ACADEMY OF
MEDICAL SPECIALIST
(CHIEF SONOLOGIST & RADIOLOGIST)*****Note- Facility of 1.5 T Latest version silent M.R.I.*****FOR ANY EMERGENCY : 93295 33721, 99813 51509, 93008 33541****ADVANCED C T SCAN****SONOGRAPHY****DIGIT**