



# TEST REQUISITION FORM (TRF)



## Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. ASHA Soni

Age : 28 Yrs :    Months    Days

Sex : Male  Female  Date of Birth :                  

Ph :   

## Client Details :

SPP Code SPLCC020

Customer Name MSP 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) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
		Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code	Sample Type	SPL Barcode No
<u>Dual test</u>		
<u>Height - 5.3</u>	<u>Serum</u>	<u>242442923</u>
<u>weight - 60 kg</u>	<u>Serum</u>	<u>242449102</u>
<u>DOB - 28/07/1994</u>		

Clinical History: LMP : 28/07/2023

MORAO. 8839406062

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: B

centre  
VILAK NAGAR MAIN ROAD, BILASPUR (C.G.) 495001

Regn No. CGMO/DOJ/2023  
**Dr. (Mrs) Shailaja Ghosh**  
Sonologist, MBBS, FCGP, MIFUMB, CBT  
PCPNDT REG. No. BILA1019  
Ph. No. : 07752 409352  
Mobile No. 99268 09744

NAME: SMT. ASHA SONI  
REF. BY: DR (MRS) B. DUBEY  
LMP: 28/07/2023 EDD: 03/05/2024

AGE/SEX: 28YRS/F  
DATE: 21/09/2023  
LMP GUIDED GA : 7.6 WEEKS

INDICATION: NO.1 ( CONFIRM CONCEPTION AND VIABILITY)

REAL-TIME B-MODE PELVIC(T.A.S/T.V.S) SCANNING REVEALS:

ANTEVERTED GRAVID UTERUS IN MIDLINE MEASURING 12.9CMX6.7CMX10.2CM.  
MYOMETRIAL ECHOES ARE HOMOGENOUS.

A SINGLE GESTATIONAL SAC IS SEEN IN INTRAUTERINE LOCATION.  
IT HAS FAIRLY WELL-DEFINED OUTLINE AND REGULAR MARGINS.  
MEAN SAC DIAMETER IS 4.01CM, CORRESPONDING TO 9.3 WEEKS GESTATION.  
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.  
TURGIDITY OF THE SAC IS WELL MAINTAINED.

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.  
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR: 185 /MIN. REGULAR.  
CRL IS 3.49 CM CORRESPONDING TO 10.2 WKS GESTATION.

CHORIO-DECIDUAL REACTION APPEARED ADEQUATE.  
THERE IS NO E/O SUB-CHORIONIC COLLECTION AT THE TIME OF EXAMINATION.

CERVIX UTERII IS 3.5 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.  
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS.  
BOTH OVARIES ARE NORMAL IN SIZE AND APPEARANCE.  
NO FREE FLUID SEEN IN PELVIC CAVITY.

MATERNAL ABDOMINAL SCANNING REVEALS NORMAL SIZED LIVER, GALL-BLADDER, KIDNEYS,  
PANCREAS AND SPLEEN. NO FREE FLUID OR ABDOMINAL LYMPHADENOPATHY VISUALISED.  
NO EVIDENCE OF OBSTRUCTIVE UROPATHY SEEN ON EITHER SIDE.

USG GUIDED EDD: 16/04/2024 .

**IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.  
CGA: 10.2 WEEKS.  
2) PELVIC SCAN IS WITHIN NORMAL LIMITS.**

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY  
AND NT/NB SCAN.....03/10/2023 TO 18/10/2023).**

I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON  
MRS. ASHA SONI, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS TO  
ANYBODY IN ANY MANNER.

**DR. SHAILAJA GHOSH  
(SONOLOGIST)**

- **THANKS FOR REFERENCE.**
- **PRE-NATAL SEX-DETERMINATION TEST IS NOT DONE HERE.**



## PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : ASHA SorejSample collection date : 06/10/23Vial ID : 24242923

Date of Birth (Day/Month/Year) :

Weight (Kg) : 60 KgL.M.P. (Day/Month/Year) : 28/07/2023Gestational 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  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 :