



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. HARSHALI BALU BODABE.

Age: _____ Yrs: _____ Months _____ Days

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

Ph: _____

Client Details:

SPP Code SP2C0020.

Customer Name m.s.p. 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"/>
Sample Collection Time: AM / PM		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>Serum.</u>	<u>24242926.</u>
<u>Height - 5.3.</u>		
<u>Weight - 74 kg.</u>		
<u>DOB - 31/08/1999.</u>		

Clinical History:

UMP. 01/07/2023.

MO, NO. 7999293029.

No. of Samples Received:

Received by: [Signature]

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.



PRENATAL SCREENING REQUEST FORM

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

Patient Name : HARSHITA BALU BODABE Sample collection date : 06/10/2023

Vial ID : 24242926

Date of Birth (Day/Month/Year) :

Weight (Kg) : 74 kg

L.M.P. (Day/Month/Year) : 01/07/2023

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 ☐ 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 : [Signature]

TRIPTI LADIES HOSPITAL

NEAR METRO STUDIO ,OLD ARPA BRIDGE ,BILASPUR (C.G.)

Pt. name : Mrs. Harshali Balu Bodade

Age /sex : 24yrs/ F

Ref.by : DR.MRS.BAKHSHISH DUBEY MBBS MD.(GYNAE)

Date : 04/09/2023

USG STUDY OF PELVIS obs

Indication no :- 1,2

LMP : 08/07/2023

GA : 08 wks 0 days

EDD : 13/04/2024

The Uterus is antverted ,bulky in size , shape.

CrI = 1.48cm.(07 wks 06 days).

Gs = 3.24cm.(08 wks 02 days)

Cardiac activity = seen. FHR =144b/m seen.

Foetal movement = seen.

there is single gestation sac seen in the uterus .

The usg guided E.D.D. – 15/04/2024

Right ovary is normal size, shape.

Left ovary is normal size,shape.

- No mass lesion seen in the either adenexa.
- No free fluid noted in the pelvic cavity.

Cervix appears normal.cervical length is-3.2cm . Internal os is closed.

IMPRESSION :- Single, live, intrauterine pregnancy seen with sonic maturity of 08 weeks 0 days. with

All measurements including estimated foetal weight are subjected to statistical variation.

Not all anomalies can be detected on ultra sonographically.

Declaration :- I DR SWATI KHAPARDE declare that while conducting usg Mrs.Harshali Balu Bodade W/o Mr. Sagar

, I have neither detected nor disclosed the sex of her foetal to anybody in any manner.

Please correlate clinically.

Thanks for reference

DR. SWATI KHAPARDE MBBS MD.(GYNAE)

Swati Khaparde
Swati Khaparde
(M.B.B.S. & Gynaec.)
Tripti Ladies Hospital and
Fertility Research Centre
Pratap Chowk, Tilak Nagar
BILASPUR (C.G.)