



# TEST REQUISITION FORM (TRF)



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

Name : Mrs. MARSHALI BALU. BodABE.

Age : \_\_\_\_\_ Yrs : \_\_\_\_\_ Months \_\_\_\_\_ Days

Sex : Male  Female  Date of Birth : 01 01 1999

Ph : \_\_\_\_\_

## Client Details :

SPP Code SPL 0020

Customer Name msr. 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>Serum</u>	<u>24242926</u>		
<u>weigh - 5.3.</u>					
<u>weigh - 74.12</u>					
<u>DOB - 31/08/1999</u>					
<u>CMP - 01/07/2023</u>					

Clinical History:

MRN. 01/07/2023

MRN. 7999293029

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:



## PREGNATAL 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 : 06/07/2023

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 :

TRIPTI LADIES HOSPITAL

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

Pt. name : Mrs. Harshall 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 antiverted ,bulky in size , shape.

Crl = 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 ls-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.Harshall 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)

Dr. Swati Khaparde  
Obst. & Gynae.  
Tripti Ladies Hospital and  
Fertility Research Centre  
Pratap Chowk  
Tilak Nagar  
BILASPUR (C.G.)