



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: MRS. POOTA SHARMA

Age: 28 Yrs: _____ Months _____ Days

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

Ph: _____

Client Details:

SPP Code SPLCUG20

Customer Name MSP Pathology

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>24242914</u>
<u>(MR. 07/08/2023)</u>		
<u>DOB - 26/07/1995</u>		
<u>Weight - 63 kg</u>		
<u>Height - 5.4</u>		

Clinical History:

NO. NO. 9039946004

No. of Samples Received:

Received by: AS

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 : Pooja SHARMA Sample collection date : 16/10/2023

Vial ID : 24242914

Date of Birth (Day/Month/Year) :

Weight (Kg) : 63 kg

L.M.P. (Day/Month/Year)

: 07/08/2023

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 :

NAME: SMT. POOJA SHARMA AGE/SEX: 28 YRS/F
REF. BY: DR(MRS) B. DUBEY DATE: 16/10/2023
LMP: 07/08/2023 EDD: 13/05/2024 LMP GUIDED GA : 10 WEEKS
INDICATION : NO.1 (CONFIRM CONCEPTION AND VIABILITY)

REAL-TIME B-MODE PELVIC SCANNING REVEALS :

ANTEVERTED GRAVID UTERUS IN MIDLINE MEASURING 10CMX7CMX8.6CM..
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 4.32 CM, CORRESPONDING TO 9.6 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 : 165 /MIN. REGULAR.
CRL IS 3.51 CM CORRESPONDING TO 10.3 WKS GESTATION.

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

CERVIX UTERI 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 : 13/05/2024.

IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.
CGA: 10.3 WEEKS.
2) PELVIC SCAN IS WITHIN NORMAL LIMITS.

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY
AND NT/NB SCAN—01/11/2023-15/11/2023).**

I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON
MRS. POOJA SHARMA, 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.**

Dr. Shailaja Ghosh
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