



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. SONAM JIWANI ROSHAN.

Age: 33 Yrs: _____ Months _____ Days

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

Ph: _____

Client Details:

SPP Code

Customer Name

Customer Contact No

Ref Doctor Name

Ref Doctor Contact No

SPL CRO 72

msr. patholab.

B. dubey m.D.

Specimen Details:

Sample Collection date:

Sample Collection Time: _____ AM / PM

Specimen Temperature:

Sent

Received

Frozen (<-20°C) ☐

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Dual test.

hwt - 3.4

unith - 83/3.

DOB - 21/04/1990

emp - 07/08/23.

Serum. 24242904

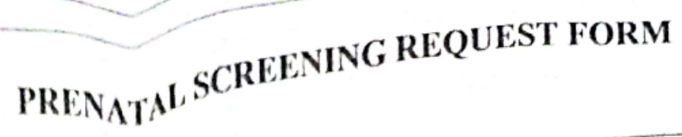
Clinical History:

Memo. 9827921800.

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.



Triple and Quad Marker (14.0-22.6 wks)

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

Patient Name : SONAM JIWANA Sample collection date : 19/11/23

Weight (Kg) : 23 Kg

L.M.P. (Day/Month/Year) : 07/08/2023. 18/10/25.

Nuchal Translucency(NT) (in mm): _____ CRL (in mm) : _____ BPD : _____

Ultrasound report : First trimester ☐ Second trimester ☐

Sonographer Name : _____

IVF : Yes ☐ No ☐ If Yes, Own Eggs ☐ Donor Eggs ☐

If Donor Eggs, Egg Donor birth date : / /

Previous pregnancies :

Any other Chromosome anomaly : Yes ☐ No ☒

Signature :

Dr. N. K. Motwani
MBBS, SONOLOGIST
CGMC Reg. No. : 877/2007
PCPNDT Reg. No. : BILA1024

4D COLOR
MOTWANI SONOGRAPHY

Patient name	Mrs. SONAM JIWNANI ROSHAN	Age/Sex	33 Years / Female
Patient ID	1818-10-2023	Visit no	1
Referred by	Dr. B DUBEY MD (OG)	Visit date	18/10/2023
LMP date	07/08/2023	LMP EDD	13/05/2024

OB - First Trimester Scan Report

Indication(s)

x. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 4.30 cms in length.

Internal os is closed.

A well-defined hypoechoc fibroid measuring 2.73 x 2.20 cm is seen.
The fibroid is sub-serosal in anterior wall.

Fetus

Survey

Placenta : Posterior

Liquor : Adequate

Fetal activity : Fetal activity present

Cardiac activity : Cardiac activity present
Fetal heart rate - 152 bpm

Biometry(Mediscan, Unit: mm)

CRL 41, 10W 6D (95%)

Impression

Intrauterine gestation corresponding to a gestational age of 10 Weeks 2 Days

Gestational age assigned as per LMP

Sonographic age 10 Weeks 6 Days

Placenta - Posterior

Liquor - Adequate

Sub-serosal fibroid.

SUGGESTED : Follow-up USG after 02 weeks for NT scan.


Dr NAND KUMAR MOTWANI Sonologist

Disclaimer

I Dr Nand Kumar Motwani declare that while conducting ultrasonography / image scanning on Sonam Jiwnani, I have neither detected nor disclosed the sex of her foetus to any body in any manner.