TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mrs. SOHAM JIWNANI ROSHAN.

Age : 33 Yrs : ___ Months ___ Days

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

Ph : _____

Client Details :

SPP Code SPLCHO72

Customer Name MSP. pathelab.

Customer Contact No _____

Ref Doctor Name B. dubey M.D.

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date : Sample Collection Time : AM / PM	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Dual test.	SeUm.	24242904
HIP - 3.4		
weight - 83 kg.		
DOB - 21/04/1990		

Clinical History: CMP - 07/06/25.

Mobile. 9827981800.

No. of Samples Received:

Received by:

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.

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Excellence In Health Care

PRENATAL SCREENING REQUEST FORM

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

Patient Name : SONAM · JIWNANI **Sample collection date :** 19/11/23.

Vial ID : 24242904

Date of Birth (Day/Month/Year) :

Weight (Kg) : 83 Kg

L.M.P. (Day/Month/Year) : 07/08/2023. 18/10/23.

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 O Second trimester O

Sonographer Name : _____

Diabetic status : Yes O No O

Smoking : Yes O No O

No.of Fetuses : Single O Twins O

Race : Asian O African O Caucasian ☐Others O

IVF : Yes O No O **If Yes,** Own Eggs O Donor Eggs O

If Donor Eggs, Egg Donor birth date :__/__/__

Previous pregnancies :

With Down Syndrome : Yes O No O

With Neural tube Anomaly : Yes O No O

Any other Chromosome anomaly : Yes O No O

Signature :

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

4-D COLOR MOTWANI SONOGRAPHY

Mission Hospital Road
BILASPUR
495 001 (C.G.)
✆ : 07752 - 417929

Patient name	Mrs. SONAM JIWNANI ROSHAN	Age/Sex	33 Years / Female
Patient ID	1918-10-2023	Visit no	1
Referred by	Dr. B DUBEY MD (OG)	Visit date	18/10/2023
LMP date	07/06/2023	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 hypoechoic 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.