



TEST REQUISITION FORM (TRF)



MoNo 7974248912

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. Talini Dewandani

Age : 26 Yrs : Months Days

Sex : Male ☐ Female ☒ Date of Birth :

Ph :

Client Details :

SPP Code SPLCC1020

Customer Name mSP PathLab

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) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : <u> </u> AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Height - 5.6 Triple test
Weight - 78
LMP - 25/07/23

Serum

2424284

Clinical History:

DOB - 27/01/1998

No. of Samples Received:

Received by:

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.

NAME : MRS. TALINI DEWANGAN
REF. BY: DR. MRS. BAKHSHISH DUBEYAge/Sex: 26 Y/ F
DATE: 03/10/2023**ULTRASOUND OBSTETRIC**

Single live intrauterine embryo, CRL 31.17 mm corresponding with 10 weeks + 0 day +/- 3 days period of gestation.

Minimal subchorionic hemorrhage seen in fundal region, Volume < 1.0 cc.

Fetal cardiac activity is 174 / bpm, regular.

LMP:- 25/07/2023

G.Age by LMP
10 weeks 0 day

EDD by LMP
30.04.2024

G.Age by USG
10 weeks 0 day

EDD by USG
30.04.2024

Yolk sac is normal.

No obvious adnexal mass lesion.

Internal os is closed.

Cervix - within normal limit

Correct EDD : 30.04.2024

Impression:

- Single live intra uterine pregnancy MGA of 10 weeks 0 day.
- Minimal subchorionic hemorrhage seen in fundal region, Volume < 1.0 cc.

Disclaimer

All congenital anomalies may not be detected on USG.

I Dr. Smita Tiwari, declare that I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Thanks for reference.

DR SMITA TIWARI
MD RADIODIAGNOSIS
Reg. No. CGMC-1560/2008