

MOND - 7999628464



# TEST REQUISITION FORM (TRF)



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

Name: Mrs. POONAM SAHU

Age: 29 Yrs      Months      Days

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

Ph:                     

## Client Details:

SPP Code SP LCC1020

Customer Name msp pathalab

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

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

Double marker test

Hight - 5.2

Weight - 63

LMP - 7/09/23

DOB - 30/01/1994

Serum

24242818

Clinical History:

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.





# MANYA IMAGING & DIAGNOSTIC POINT

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E-mail : manyaimagingndiagnosticpoint@gmail.com

IP/OP NO		DATE	08.12.2023
NAME	MRS. POONAM SAHU	AGE / SEX	29 YRS / F
REFERRED BY	DR. B. DUBEY, MD(Gynae)	USG NO.	

## USG ANC

There is single live intra-uterine fetus of CRL approximately measuring 5.3 cms which correspond to 12 wks, 00 days.

Cardiac activity is normal at the time of examination. (FHR- 173 bpm)

Placenta is developing posteriorly grade is 0.

Internal OS is closed. Cervical length is 3.3 cms.

LMP : Not known

Fetal parameters:

CRL	5.3 cms 12 wks 00 days
AGA	12 wks 00 days
EDD	21.06.2024

Both the ovaries are normal in size, shape and position.

Bilateral adenexa appears normal.

No evidence of any lesion noted in the uterus.

## IMPRESSION:

- SINGLE LIVE INTRA UTERINE FETUS OF GESTATIONAL AGE 12 WKS , 00 DAYS WITH NORMAL CARDIAC ACTIVITY.

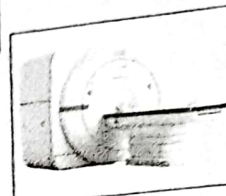
## ADVICE: NT/NB SCAN

I DR KUMAR DEVASHISH DECLARE THAT WHILE CONDUCTING THE SONOGRAPHY OF PATIENT NAME MRS. POONAM SAHU, I HAVE NOT DISCLOSE THE SEX OF FETUS TO ANYBODY IN ANY MANNER.

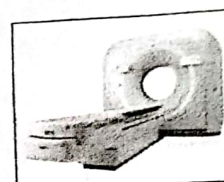
Thanks for reference,  
With regards

**DR KUMAR DEVASHISH (MBBS, FAGE, D.M.R.D)**  
CONSULTANT RADIOLOGIST  
REG. NO:- CGMC-4713/13

- THESE REPORTS ARE FOR ASSISTING DOCTORS, PHYSICIANS IN THEIR TREATMENT AND NOT FOR MEDICO LEGAL PURPOSE AND SHOULD BE RELATED CLINICALLY.
- NO DUPLICATE REPORTS SHALL BE ISSUED.



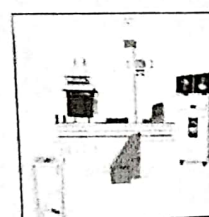
**MRI**  
(Highly Advanced 1.5 T MRI)



**CT SCAN**  
(Advanced 16 Slice Machine)



**USG**



**HIGH FREQUENCY X-RAY**



**DIGITAL OPG**



First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Mrs. POONAM SAHU Sample collection date :Vial ID : 24242818

Date of Birth (Day/Month/Year) :

Weight (Kg) : 68L.M.P. (Day/Month/Year) : 07/09/23Gestational age by ultrasound (Weeks/days) : \_\_\_\_\_ Date of Ultrasound : 8/12/23

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 :