MONO 7694085844

TEST REQUISITION FORM (TRF)

NABL MC-3650

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. KAVITA NAYDU

Age : 31 Yrs : ____ Months ____ Days

Sex : Male ☐ Female ☑ Date of Birth : DD MM YYYY

Ph : ____

Client Details :

SPP Code SPLCH020

Customer Name MSP Pathlab

Customer Contact No ____

Ref Doctor Name B. dubey MD

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

Test Name / Test Code	Sample Type	SPL Barcode No
Dual Marker Might - 5.H Weight - 57 Lmp - 16/09/23	Serum	24242813

Clinical History: DOB - 19/11/1991

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.

APU DIAGNOSTICS & HEALTHCARE
4D COLOUR SONOGRAPHY AND DIGITAL X-RAY
SHOP F23-24, FIRST FLOOR RAJIV PLAZA ,OPPOSITE DISTRICT HOSPITAL
BILASPUR, (C.G.)

tient name	Mrs. KAVITA NAYDU	Age/Sex	31 Years / Female
tient ID	07-11-2023-0017	Visit no	1
ferred by	Dr. B. DUBEY	Visit date	07/11/2023
IP date -	16/09/2023	LMP EDD	22/06/2024

OB - Early pregnancy Scan Report

dication(s)

al time B-mode ultrasonography of gravid uterus done.

ute: Transabdominal

rauterine gestation

tus

rvey

stational Sac seen. Sac margins appeared regular

stational sac measured 15.6 X 14.9 X 16 mm.(Mean = 15.5)

k sac seen

k sac measured 3.3 mm.

bryo seen

al activity present

diac activity present

acenta developing anterior grade-0.

al heart rate - 145 bpm

metry(Hadlock)

L - 7 mm(6W 3D)

pression

auterine gestation corresponding to a gestational age of 7 Weeks 3 Days

tational age assigned as per LMP

sac with yolk sac seen.

tal pole & cardiac activity seen.

imal subchorionoic collection seen.

vised: followup scan after 2 weeks.

NKS FOR REFERENCE.

Apoorv Singh Thakur , here by declare that while conducting the Sonography of Mrs. Kavita Naydu W/o Mr. Sanjay Naydu, I have lisclosed the sex of the foetus to anyone in any manner.

Dr.APOORV SINGH THAKUR
MBBS.,DMRD.,

PathCare Diagnostics
(A UNIT OF PATHCARE LABS PVT.LTD.)

MATERNAL SERUM SCREEN REQUISITION FORM

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

Patient Name : Mrs. KAVITA NAYDU **Sample collection date :**

Vial ID : 24242813

Date of Birth (Day/Month/Year) : 19/11/1991

L.M.P. (Day/Month/Year) : 16/09/23

Gestational age by ultrasound (Weeks/days) : ___ **Date of Ultrasound :** 9/12/23

Nuchal thickness (in mm): _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester ○ Second trimester ○

Sonographer Name : _____

Weight(Kg): 57

Diabetic status : Yes ○ No ✓

Smoking : Yes ○ No ✓

Gestation : 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 ○

Data Filled by :