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TEST REQUISITION FORM (TRF)

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Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : MRS. CHANDANI MISHRA

Age : 30 Yrs : ____ Months ____ Days

Sex : Male ☐ Female ☑ Date of Birth : 03 07 1994

Ph : _____

Client Details :

SPP Code SPLC4011

Customer Name MEDI- PATH LAB

Customer Contact No 9826158118

Ref Doctor Name MEDI- PATH LAB

Ref Doctor Contact No 9826158118

Specimen Details:

Sample Collection date : 09.12.2023	**Specimen Temperature :**	**Sent**	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : 01:30 AM / PM		**Received**	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Double Marker C Risk Graph. (SP024)	SERUM	24127216

Clinical History: DOB- 03.07.1994, Ht- 5'2", Wt- 58 kg.
LMP- 08.09.2023, USG attached.

No. of Samples Received: 1

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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PRENATAL SCREENING REQUEST FORM

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

Patient Name : MRS. Chandani Mistry 30y/F **Sample collection date :** 09.12.2023

Vial ID : 24127216

Date of Birth (Day/Month/Year) : 03.07.1994,

Weight (Kg) : 58 Kg.

L.M.P. (Day/Month/Year) : 08.09.2023

Gestational age by ultrasound (Weeks/days) : 13|3 **Date of Ultrasound :** 08/12/2023

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 : Kiran Kumar [illegible]

NAME	MRS. CHANDANI MISHRA	AGE/ SEX	30 YRS / Female
HUS. NAME	MR. VEDANT MISHRA	DATE	08/12/2023
REF. DR.	DR. S. LALITA RAO	REC. NO	23/113075

USG OBSTETRICS (NT & NB SCAN)

OBSERVATIONS:-

- Single, live intrauterine gestational sac, foetal pole seen.
- Foetal movement and cardiac activity are present. FHR is regular, 165 bpm.
- BPD – 2.16 cm corresponding to 13 weeks 4 days.
- HC – 8.47 cm corresponding to 13 weeks 5 days.
- AC – 6.74 cm corresponding to 13 weeks 3 days.
- FL – 1.25 cm corresponding to 13 weeks 5 days.
- CRL – 6.01 cm correspondi. to 12 weeks 4 days.
- EFBW = 78 ± 11 gm.
- Cervical length is (– 3.81 cm). Internal OS is closed.
- No free fluid seen in pelvis.
- Forming placenta is Anteriorly.

LMP – 08/09/2023.	Gestational age	EDD
According to LMP	13 weeks 0 day	14/06/2024.
According to USG	13 weeks 3 days	11/06/2024.

FETAL PROFILE –

- All four limb buds are present. Stomach appears normal. Fetal skull appears normal.

COLOUR DOPPLER:

DOPPLER PARAMETERS	RI	PI	S / D
RIGHT UTERINE	0.71	1.45	3.51
LEFT UTERINE	0.70	1.38	3.30

NAME	MRS. CHANDANI MISHRA	AGE / SEX	30 YRS / Female
HUS. NAME	MR. VEDANT MISHRA	DATE	08/12/2023
REF. DR.	DR. S. LALITA RAO	REG NO	23/113075

IMPRESSION:-

1) Single live intra-uterine gestation of mean gestational age of 13 weeks 3 days.
2) FWB = 79 ± 11 gm. EDD by USG = 11/06/2024.
3) Nuchal translucency thickness = 0.9 mm.
4) Nasal bone present (= 2.78 mm).
5) Ductus venosus flow appears normal.
6) Bilateral uterine arteries Doppler are within normal range according to gestational age.

ADVICE:-

a. Congenital anomaly scan at 18-24 wks to evaluate structural fetus anatomy abnormality.
b. Fetal Echocardiography at 20-24 wks to evaluate cardiac abnormality.

Mrs. Chandani Mishra, I have neither deemed nor

Dr. Nayna Goyal (M4), DN
CONSULTANT RADIOLOGI