

Page No. _____

Date

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Breed

Litter

Keto

pus

EPR

RBC

Bact

Other

QSP-02/04

Date of Shipment

PCC Code

SPL-06020

TEST REQUISITION FORM

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

Patient Name

MAY. SHWETA SINGH

Gender

f

Age

31

Years

Months

Days

Specimen Collected By

Date of Birth

Referring Physician

Name & Address

13. Dubey MD

Phone # :

Prepared By

MSP. Patholab.

Sample Collection Details

Date 04/01/2023

Time

Test Name / Codes

Sample Type / Origin

Vial ID

Serum.

24632880

Dual test test

Height 5.0

Weight 56 kg.

DOB 24/12/1992

LMP 2/10/2023

Number of Sample Containers

1

Clinical Details / History

(Attach additional clinical data if any)

Last Menstrual Period (LMP)

*Mandatory for all gynaecologic specimen

Specimen Receipt Details (FOR OFFICIAL USE ONLY)

No. of Samples Received

Condition of Receipt

A R F

Date of Receipt

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Time of Receipt

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NOTE

Refer PCC Manual / Directory of services for patient preparation, specimen collection, reporting time & charges or call nearest franchisee for details or visit www.pathcarelabs.com

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Ms. SHWETA SINGH Sample collection date :

Vial ID : 24632880

Date of Birth (Day/Month/Year) : 20/12/1992

L.M.P. (Day/Month/Year) : 02/10/2023

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 4/12/2023

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester ☐ Second trimester ☒

Sonographer Name : _____

Weight(Kg): _____

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 :

04/01/2023

APU DIAGNOSTICS & HEALTHCARE

4D COLOUR SONOGRAPHY AND DIGITAL X-RAY

SHOP F23-24, FIRST FLOOR RAJIV PLAZA, OPPOSITE DISTRICT HOSPITAL
BILASPUR, (C.G.)

patient name	Mrs. SHVETA SINGH	Age/Sex	31 Years / Female
patient ID	04-12-2023-0035	Visit no	1
referred by	Dr. B. DUBEY	Visit date	04/12/2023
date	02/10/2023, LMP EDD: 08/07/2024	C-EDD	18/07/2024

OB - Early pregnancy Scan Report

Indication(s)

1. Time B-mode ultrasonography of gravid uterus done.

2. Route: Transabdominal

3. Uterine gestation

Perineal

Perineal os is closed.

US

Key

1. Gestational Sac seen. Sac margins appeared regular

2. Gestational sac measured 16.8 X 29.8 X 24.7 mm. (Mean = 23.77)

3. Yolk sac seen

4. Yolk sac measured 3.8 mm.

5. Fetal activity present

6. Cardiac activity present

7. Fetal heart rate - 138 bpm

Biometry (Hadlock)

1. CRL - 12.9 mm (7W 4D)

Pregnancy

1. Uterine gestation corresponding to a gestational age of 7 Weeks 4 Days

2. Gestational age assigned as per biometry (CRL)

3. Menstrual age 9 Weeks

4. Yolk sac with yolk sac seen.

5. Gestational pole & cardiac activity seen.

6. No delayed conception.

7. Advised: followup scan after 4 weeks.

Remarks for Reference.

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

Dr. APOORV SINGH THAKUR
MBBS, DMRD.,