



## TEST REQUISITION FORM (TRF)



SPL CODE: SPL CC1020 MSP Pathalab

Date: 13/

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time
1.	Mrs. Rakhi Soni	35	Dual Marker, TSH	serum	241632902	
2.			Height - 5.0			
3.			Weight - 55			
4.			LMP - 05/11/23			
5.			DOB - 25/08/1995			
			MOBILE - 9827145888			

\* Note Attached Clinical Report If Required



# लालमनी डायग्नोस्टिक्स सोनोग्रॉफी सेंटर Lalmani Diagnostics Sonography Center

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NAME : MRS. RAKHI SONI  
REF. BY: DR. (MRS.) BAKHSHISH DUBEY

Age/Sex: 35 Y/ F  
DATE: 13-Jan-24

## **ULTRASOUND OBSTETRIC**

Single live intrauterine embryo, CRL 27.16 mm corresponding with 9 weeks + 4 days +/- 3 days period of gestation

Fetal cardiac activity is 169 / bpm, regular

### Placenta – Posterior (Lower edge near to Os).

IMP - 05.11.2023

**Cervical length – 3.4 cm**

Yolk sac is normal.

No obvious adnexal mass lesion.

Internal os is closed.

Correct EDD : 16.08.2024

Mild subchorionic hemorrhage, volume approx. 3.0 ml near to Os along anterior wall.

Maternal - Small mural fibroid of size 13.0 x 8.0 mm anterior lower myometrium, away from endometrium.

### Impression:

- a) Single live intra uterine pregnancy MGA of 9 weeks 4 days.
- b) Placenta – Posterior (Lower edge near to Os).
- c) Mild subchorionic hemorrhage, volume approx. 3.0 ml near to Os along anterior wall.
- d) Maternal - Small mural fibroid.

Advice: - NT/NB scan after 3 weeks & Double marker test (Ideal 10-13 weeks).

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

### Thanks for reference.

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRAY SCALE SHADES, AND IT IS NOT UNDERTAKEN BY TECHNICAL PITFALLS, HENCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATION FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED, NOT FOR MEDICO-LEGAL PURPOSE.

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Mrs. Rakhi Soni Sample collection date :

Vial ID : 24632902

Date of Birth (Day/Month/Year) : 25/8/1993

L.M.P. (Day/Month/Year) : 05/11/23

Gestational age by ultrasound (Weeks/days) : \_\_\_\_\_ Date of Ultrasound : 13/01/24

Nuchal thickness (in mm) : \_\_\_\_\_ CRL (in mm) : \_\_\_\_\_ BPD : \_\_\_\_\_

Nasal bone (Present/Absent)

Ultrasound report : First trimester  Second trimester

Sonographer Name : \_\_\_\_\_

Weight(Kg) : 55

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 :