



TEST REQUISITION FORM (TRF)



SPL CODE : *Spl CG1020 MSP Pathalab*

Date : *13/*

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	R
1.	<i>Mrs. Rakhi Soni</i>	<i>35</i>	<i>Dual Marker, TSH</i>	<i>serum</i>	<i>24632002</i>		
2.			<i>HEIGHT - 5.0</i>				
3.			<i>WEIGHT - 55</i>				
4.			<i>LMP - 05/11/23</i>				
5.			<i>DOB - 25/08/1995</i>				
			<i>MOMO - 9827145888</i>				

* Note Attached Clinical Report If Required

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).

LMP – 05.11.2023

Cervical length – 3.4 cm

G.Age by LMP

9 weeks 6 days

EDD by LMP

11.08.2024

G.Age by USG

9 weeks 4 days

EDD by USG

13.08.2024

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:

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

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

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

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 :