



TEST REQUISITION FORM (TRF)

SPL CODE :

SPL CCH020 MSP Pathology

Date : 06/05/24

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Custom
1.	Mrs. Anupama	29	Dual markers		25165295		
2.			Height - 5.4				
3.			Weight - 64				
4.			DOB - 4/08/1994				
5.			LMP - 27/02/24				
			Mono - 8085894142				

* Note Attached Clinical Report If Required

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Mrs. Anuradha Sample collection date :

Vial ID : 25165295

Date of Birth (Day/Month/Year) : 4/08/1994

L.M.P. (Day/Month/Year) : 27/2/2024

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound 06/05/24

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 :



S.B. DIAGNOSTICS

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Dr. Subrat Gupta

MBBS, DMRD (Radiologist)

Patient Name : Mrs. ANUPAMA

Age/Gender : 29 Y O M O D /F

Referred By : Dr. DEEPIKA AGARWAL (M S)

ID Proof No :

Centre Name : SB DIAGNOSTIC

Bill No : SBD42364

Reg. Date : 14/Apr/2024 03:16PM

Reported : 14/Apr/2024 04:23PM

Mobile No : 8085894142

Report Status : Final Report

DEPARTMENT OF ULTRASOUND

USG OBS

EARLY OBSTETRIC ULTRASONOGRAPHY/DATING SCAN:

UTERUS:

Fetal pole

Gravid.

Yolk sac

Is visualized.

EDD:

Is visualized.

CRL:

07/12/2024

FHR:

0.40cm corr. To 6 weeks 1 day.

PLACENTATION:

129 BPM, normal & regular.

AMNIOTIC FLUID VOLUME:

Uncertain.

CERVICAL LENGTH:

Adequate.

INTERNAL OS:

4.25cm.

Closed

MATERNAL OVARIES: - There is e/o a well defined thick walled hypoechoic lesion in right ovary measuring 2.56x2.54cm.

IMPRESSION:

- A SINGLE LIVE INTRAUTERINE PREGNANCY CORRESPONDING TO 6 WEEKS 1 DAY WITH GOOD CARDIAC ACTIVITY.
- NOTE IS MADE OF MATERNAL RIGHT OVARIAN CORPUS LUTEAL CYST.

Suggested TIFA scan at 18-22 weeks.

Dr. Subrat Gupta declares that while conducting ultrasonography on MRS. ANUPAMA, I have neither detected or disclosed the sex of her fetus to anybody in any manner.

RADIOLOGIST
DR. SUBRAT GUPTA
(MBBS, DMRD)

*** End Of Report ***

