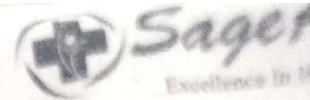




NABL
MC 3633

TEST REQUISITION FORM (TRF)



Excellence in

SPL CODE :		SPL C C1020 MSP Patholab			Date :	Ref. Custom
S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time
1.	Mrs. Anupama	29	Dual markers		25165295	
2.			Height - 5.4			
3.			Weight - 64			
4.			DOB - 4/08/1994	Normal		
5.			LMP - 27/02/24	01		
			MONO - 8085694142			

* Note Attached Clinical Report If Required

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Mrs. Anupama Sample collection date :

Vial ID : 25165295

Date of Birth (Day/Month/Year) : 4/10/1994

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 : 1/1/

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

9721486767

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.

129 BPM, normal & regular.

PLACENTATION:

Uncertain.

AMNIOTIC FLUID VOLUME:

Adequate.

CERVICAL LENGTH:

4.25cm.

INTERNAL OS:

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 ***

