

Karyotyping (Chromosome Analysis) Clinical History Form

CLIENT CODE & CLIENT NAME: Neerlekar Lab. Karmala Lab Reference No.: _____

Accession No. (For Lab use only): _____

Patient's Name B/O Reshma Balasahch Shelale

Date of Birth: 28/05/2024 Age: _____ years Gender: M/F/TG

Date & Time of Sample Collection: 25/05/2024

Clinician's Details

Name: Dr. Mrs. Kavita P. Kanble Contact Number: 960

Specimen Submitted

☐ Whole Blood ☒ Tissue ☐ Any Other tissue received from fallopian tubes.
Indication of Test: (Ectopic pregnancy)

Relevant Clinical History of Patient: _____

Consanguineous Marriage (Married to close relatives) ☒ Yes ☐ No

Number of Conceptions _____

No. of Births: _____ No. of Abortions: ☒ Delivery: Children: Surviving _____ Expired ☒

Mother's Age at the time of Patient's Birth (Applicable for children): _____

- Congenital Deformity in Mother: ☐ Yes ☒ No
- If Yes, Please specify physical or mental

Father's Age at the time of Patient's Birth (Applicable for children): _____

- Congenital Deformity in Mother: ☒ Yes ☐ No
- If Yes, Please specify physical or mental

Family History of Congenital Defect (if applicable)

- Maternal Relatives ☐ Yes ☒ No if Yes Please Specify Physical or Material
- Paternal Relatives ☐ Yes ☒ No if Yes Please Specify Physical or Material

Any Congenital Deformity in Grandparents

- Maternal Relatives ☐ Yes ☒ No if Yes Please Specify Physical or Material
- Paternal Relatives ☐ Yes ☒ No if Yes Please Specify Physical or Material

No. of Siblings: Male: _____ Female: _____

Any Congenital deformity in Siblings: ☐ Yes ☒ No If Yes, Please Specify Physical or Material

Sat.
Signature of Patients / Guardian

[Signature]
Name & Signature of Requisitioner