

Karyotyping (Chromosome Analysis) Clinical History Form

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

Accession No. (For Lab use only): _____

Patient's Name B/0 Reshma Balasahab Shelake

Date of Birth: 25/05/2024 Age: — years

Gender: M/F/TG →

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

Clinician's Details

Name: Dr. Mrs. Karita P. Kanble D.G.O. Contact Number: _____

Specimen Submitted

Whole Blood Tissue Any Other Tissue received from fallopian tubes.
(Ectopic pregnancy).

Indication of Test: _____

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 IV

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

Sonal.

Signature of Patient / Guardian

Name & Signature of Requester