



TEST REQUISITION FORM (TRF)

SPL CODE : 5PLC6020 msr. patwalelab.

Date

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Co Date & T
1.	<u>Mrs.</u>		<u>TSH. Dual MARKed.</u>	<u>Serum</u>	<u>25165354</u>	
2.	<u>SHATRA KHAN.</u>		<u>Height. S.3.</u>			
3.	<u>JAVED.</u>		<u>Weight. 53 kg.</u>			
4.			<u>DOB - 29/03/1983</u>			
5.			<u>LMP 04/04/2024</u>			

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : SHADRA KHAN JAVED

Sample collection date : 11/06/2024

Vial ID : 25165354

Date of Birth (Day/Month/Year) : 29 13 1983

L.M.P. (Day/Month/Year) : 4 14 2024

Gestational age by ultrasound (Weeks/days) : _____

Date of Ultrasound : 4/6/24

Nuchal thickness (in mm): _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester ☒ Second trimester ☒

Sonographer Name : _____

Weight(Kg): 53 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 :

Patient name	Mrs. SHAJRA KHAN JAVED	Age/Sex	41 Years / Female
Patient ID	2512-05-2023	Visit no	3
Referred by	Dr. B DUBEY MD (OG)	Visit date	11/06/2024
LMP date	04/04/2024	LMP EDD	09/01/2025

OB - Early pregnancy Scan Report

Indication(s)

i. To diagnose intra-uterine and /or ectopic pregnancy and confirm viability.

Route: Transabdominal

Intrauterine gestation

Maternal

Cervix measured 3.90 cms in length.

Internal os is closed.

Fetus

Survey

Gestational sac

: Gestational Sac seen. Sac margins appeared regular

Yolk sac

: Yolk sac present
Fetal pole is seen.

Cardiac activity

: Cardiac activity present
Fetal heart rate - 152 bpm

Biometry(Mediscan, Unit: mm)

CRL 37, 10W 4D ——— (98%)

Impression

Intrauterine gestation corresponding to a gestational age of 9 Weeks 5 Days

Gestational age assigned as per LMP

Sonographic age 10 Weeks 4 Days

SUGGESTED : Follow-up US examination after 02 - 03 weeks maturity for NT Scan.

Dr NAND KUMAR MOTWANI Sonologist

Disclaimer

I Dr Nand Kumar Motwani declare that while conducting ultrasonography / image scanning on Shajra Khan, I have neither detected nor disclosed the sex of her foetus to any body in any manner.

