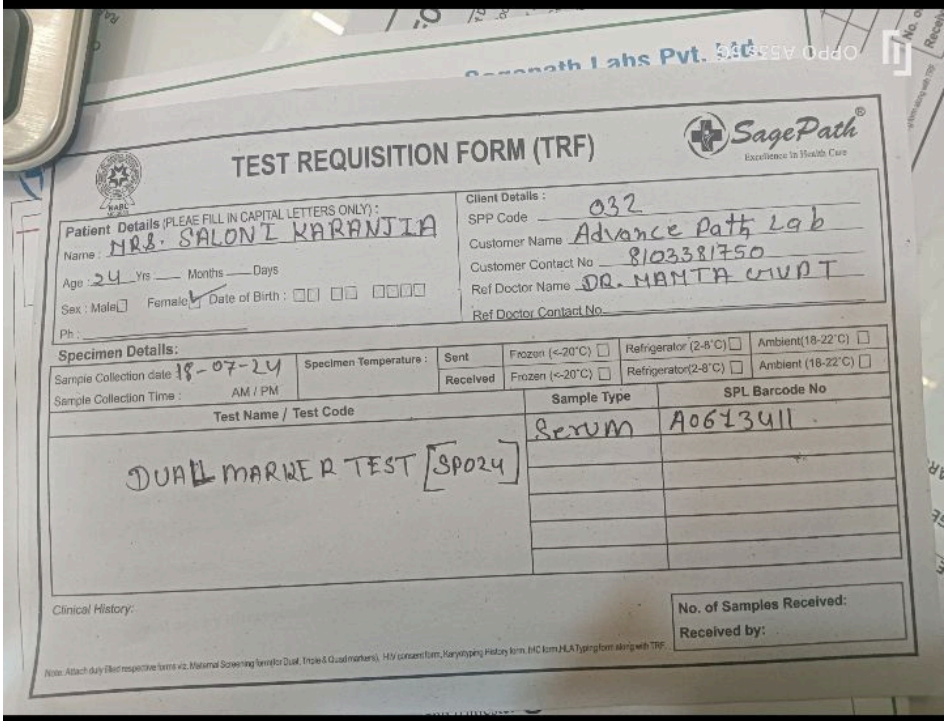


TEST REQUISITION FORM (TRF)

SagePath
Excellence in Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):
Name : MRS. SALONI KARANJIA
Age : 24 Yrs — Months — Days
Sex : Male ☐ Female ☑ Date of Birth : ☐☐ ☐☐ ☐☐☐☐
Ph :

Client Details :
SPP Code 032
Customer Name Advance Path Lab
Customer Contact No 8103381750
Ref Doctor Name DR. MAMTA GUPT
Ref Doctor Contact No

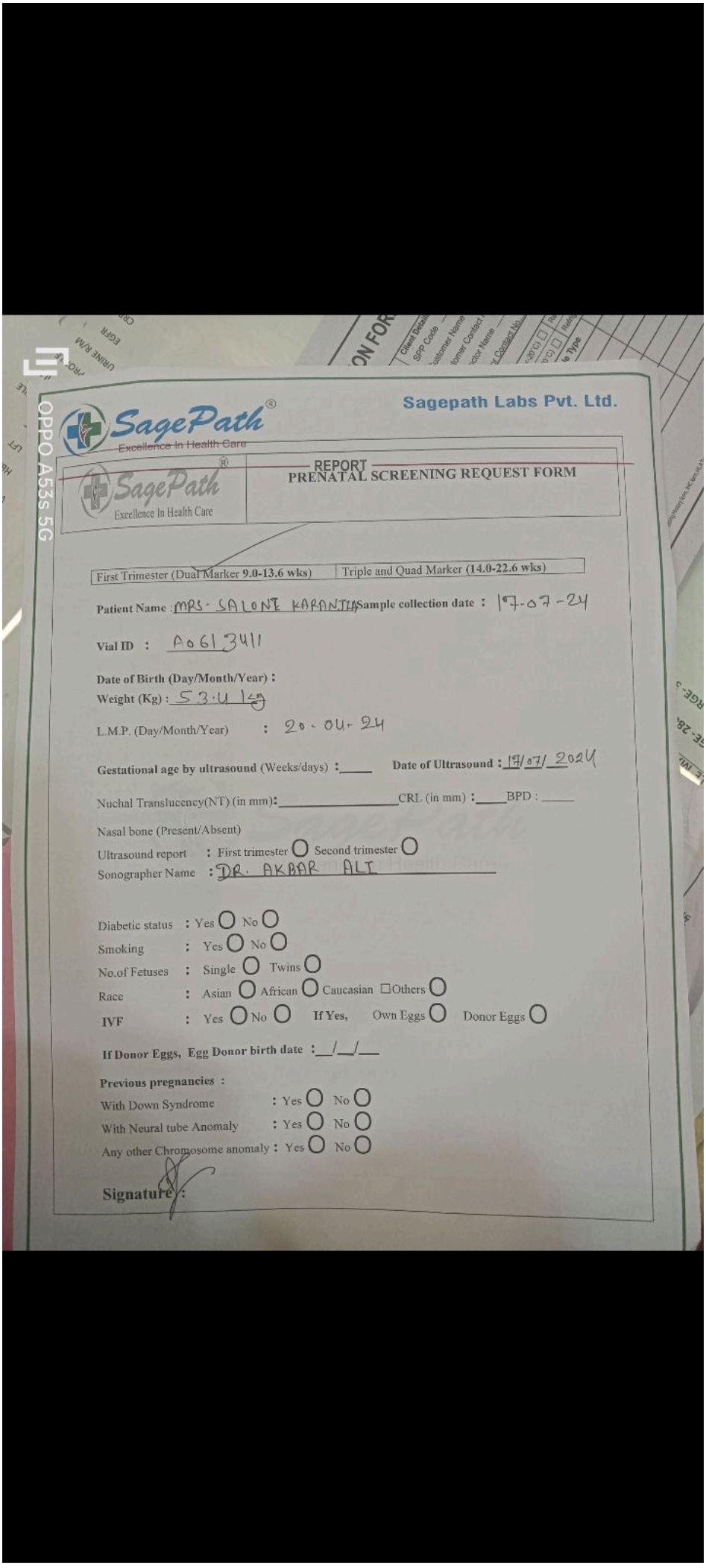
Specimen Details:
Sample Collection date 18-07-24
Sample Collection Time : AM / PM
Specimen Temperature : Sent / Received
Frozen (<-20°C) ☐ Refrigerator (2-8°C) ☐ Ambient(18-22°C) ☐
Frozen (<-20°C) ☐ Refrigerator(2-8°C) ☐ Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
DUAL MARKER TEST [SP024]	Serum	A0613411

Clinical History:

No. of Samples Received:
Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form,HLA Typing form along with TRF.



Sagepath Labs Pvt. Ltd.

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Excellence In Health Care

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REPORT
PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks) | Triple and Quad Marker (14.0-22.6 wks)

Patient Name : MRS. SALONI KAPANIA Sample collection date : 17-07-24

Vial ID : A061341

Date of Birth (Day/Month/Year) :

Weight (Kg) : 53.4 kg

L.M.P. (Day/Month/Year) : 20-04-24

Gestational age by ultrasound (Weeks/days) : ____ Date of Ultrasound : 19/07/2024

Nuchal Translucency(NT) (in mm): _____ CRL (in mm) : ____ BPD : ____

Nasal bone (Present/Absent)

Ultrasound report : First trimester ○ Second trimester ○

Sonographer Name : DR. AKBAR ALI

Diabetic status : Yes ○ No ○

Smoking : Yes ○ No ○

No.of Fetuses : Single ○ Twins ○

Race : Asian ○ African ○ Caucasian ☐ Others ○

IVF : Yes ○ No ○ If Yes, Own Eggs ○ Donor Eggs ○

If Donor Eggs, Egg Donor birth date : __/__/__

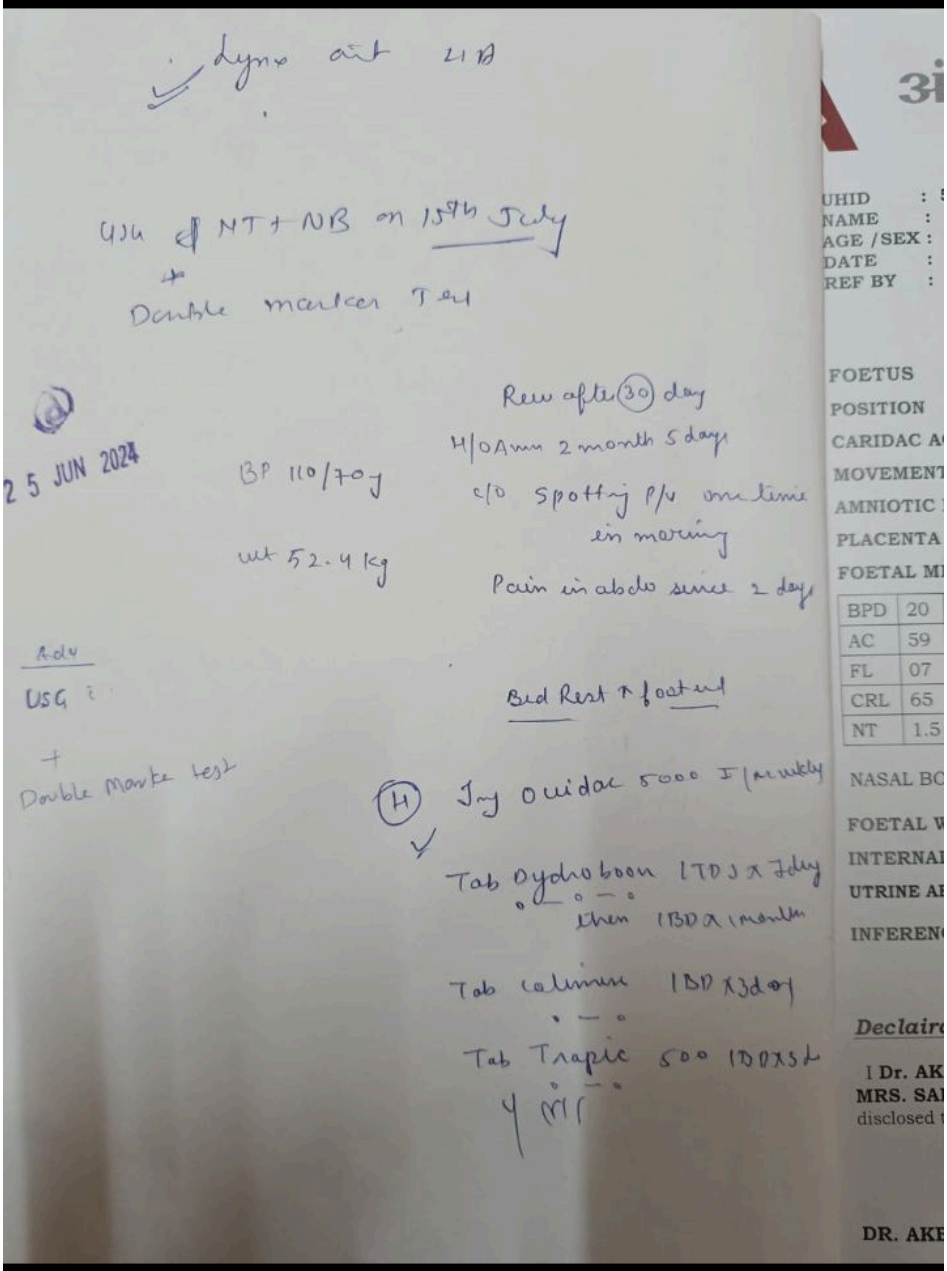
Previous pregnancies :

With Down Syndrome : Yes ○ No ○

With Neural tube Anomaly : Yes ○ No ○

Any other Chromosome anomaly : Yes ○ No ○

Signature :



Dyno ait 2 ID

USG of NT + NB on 15th July
+
Double marker Test

25 JUN 2024

BP 110/70 mj

wt 52.4 kg

Rev after (30) day
H/O Amn 2 month 5 days
c/o Spotting P/v one time in morning
Pain in abdo since 2 days

Adv
USG
+
Double Marker test

Bed Rest + foot rest

(H) Inj Ovidac 5000 I/M weekly

Tab Dydrogesterone 1TDS x 7 day
then 1BD x 1 month

Tab calcium 1BD x 30 day

Tab Trapic 500 1BD x 5d
4 MIT

UHID :
NAME :
AGE /SEX :
DATE :
REF BY :

FOETUS
POSITION
CARIDAC A
MOVEMENT
AMNIOTIC
PLACENTA
FOETAL M

BPD	20
AC	59
FL	07
CRL	65
NT	1.5

NASAL BO
FOETAL W
INTERNAL
UTRINE AB
INFERENC

Declair
I Dr. AK
MRS. SA
disclosed

DR. AKE

8:29

Dharmendra Sir Acu P...
Yesterday, 7:05 pm

अंकुर नर्सिंग होम एवं प्रसूति गृह

104-105 प्रिंस कालोनी, नानक टेकरी, भोपाल

M.P. Govt. Reg. & Licence No. NH/4215/SEP-2021
☎: 2531091,4201746
4290598
Mob.: 7471122114

03-Jun-24
1:01:02 PM

दिनाँक ________

डॉ. श्रीमती ममता गुप्ता
एम.बी.बी.एस., डी.जी.ओ. (नागपुर)
प्रसूति एवं स्त्री रोग विशेषज्ञ
रजि. न. M.P. - 9119

MRS SALONI KARANJIA AGE 24-Y
UHID 53520 DATE OF REG.
ANC REGISTER NO. 437 MOTHER ID NO
HUSBAND'S NAME : MR. PRAKHAR KARANJIA
ADDRESS : HNO-48, SANJEEV NAGAR BHOPAL
MOBILE : 7000815201

To Review after 30 day

LMP - 20th April / 24
EDD 27th Jan-25
MC - Reg
MD - 3 Month
GRAVIDA
(Primi)

GC - Fair
BP 110/70mmHg
WT 53.4kg
CVS/RS - NAD
P/A - Soft

H/O Amen 1 month 13 day
constipation
vomiting
Ghabrahat
weakness
pain lo Abd.
Bed Rest

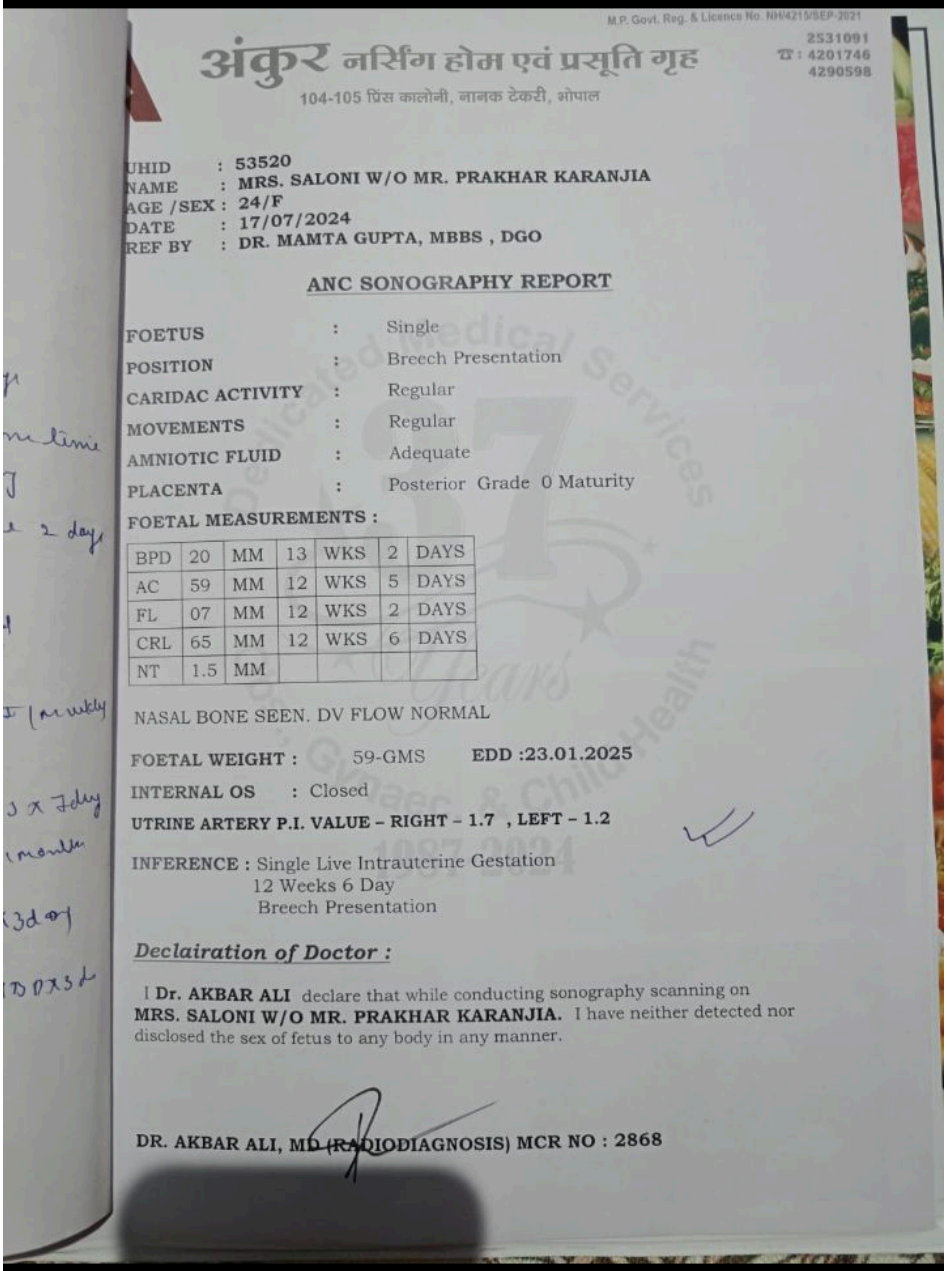
H/O ABORTION
H/O MTP

U.P.T. positive (Self)
(23rd May)

Rx

Tab Dydrobon 1BD x 1 month
o — o
Tab Velagrua Daily x 1 mon
(उल्टी) Tab Vomifrizy MD 1 TDS
o — o — o SOS 10
Sy Dynamit 2TSF PM
- 1 mn

Investigations : 1/6/24
Bld - Gr/Rh O+ve
CBP c̄ PLT 11.7 gm%
RBS 98 mg%
GCT.
HIV -ve
HbsAg -ve
VDRL - H/W -ve
URINE - R/M NAD
TSH 1.4 (18th June)
USG
USG NT/NB
Double Marker Test (11-13 Weeks)
Target Scan (18-20 Weeks)



M.P. Govt. Reg. & Licence No. NH/4215/SEP-2021

अंकुर नर्सिंग होम एवं प्रसूति गृह

2531091
☎ : 4201746
4290598

104-105 प्रिंस कालोनी, नानक टेकरी, भोपाल

UHID : 53520
NAME : MRS. SALONI W/O MR. PRAKHAR KARANJIA
AGE /SEX : 24/F
DATE : 17/07/2024
REF BY : DR. MAMTA GUPTA, MBBS , DGO

ANC SONOGRAPHY REPORT

FOETUS : Single
POSITION : Breech Presentation
CARIDAC ACTIVITY : Regular
MOVEMENTS : Regular
AMNIOTIC FLUID : Adequate
PLACENTA : Posterior Grade 0 Maturity

FOETAL MEASUREMENTS :

BPD	20	MM	13	WKS	2	DAYS
AC	59	MM	12	WKS	5	DAYS
FL	07	MM	12	WKS	2	DAYS
CRL	65	MM	12	WKS	6	DAYS
NT	1.5	MM				

NASAL BONE SEEN. DV FLOW NORMAL

FOETAL WEIGHT : 59-GMS EDD :23.01.2025
INTERNAL OS : Closed
UTRINE ARTERY P.I. VALUE – RIGHT – 1.7 , LEFT – 1.2

INFERENCE : Single Live Intrauterine Gestation
12 Weeks 6 Day
Breech Presentation

Declairation of Doctor :

I **Dr. AKBAR ALI** declare that while conducting sonography scanning on **MRS. SALONI W/O MR. PRAKHAR KARANJIA.** I have neither detected nor disclosed the sex of fetus to any body in any manner.

DR. AKBAR ALI, MD (RADIODIAGNOSIS) MCR NO : 2868