



TEST REQUISITION FORM (TRF)



SPL CODE : *SPL C1020*

msp. PathLab.

Date : *27/07*

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ret
1.	<i>ms.</i> <i>MANISHA .</i> <i>RATHORE.</i>	<i>31/F</i>	<i>quid mPRK402</i>	<i>serum</i>	<i>24638703</i>		
2.			<i>4mm- S.S.</i> <i>weim. 68 kg</i> <i>PC13. 15/08/1991</i>				
3.			<i>1 msp. 28/08/2024</i>				
4.							
5.							

* Note Attached Clinical Report If Required

PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

✓
Triple and Quad Marker (14.0-22.6 wks)

Patient Name : MDALISHA RATHORE Sample collection date : 27/07/2024

Vial ID : 24638783

Date of Birth (Day/Month/Year) :

Weight (Kg) : 68 kg

L.M.P. (Day/Month/Year) : 26/04/2024

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 3/06/2024

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester ☐ Second trimester ☐

Sonographer Name : _____

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 ☐

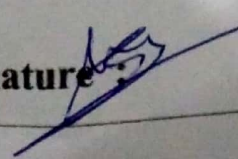
If Donor Eggs, Egg Donor birth date : / /

Previous pregnancies :

With Down Syndrome : Yes ☐ No ☒

With Neural tube Anomaly : Yes ☐ No ☒

Any other Chromosome anomaly : Yes ☐ No ☒

Signature : 

Shriji Sonography Centre

प्रथम तल F : 12-27, RAJIV PLAZA, OPP. DIST. HOSPITAL
BILASPUR 495 001 (C.G.) MOBILE : 9926275226

MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007
PONT No. - 076

Dr. Shweta Andhare

Name	MANISHA RATHORE	Date	13/06/2024
Ref. By	: Dr B DUBEY MD	Age / Sex	: 31Y/F
Patient ID	:		

OBSTETRIC SONOGRAPHY

The real time, B mode, sonography of gravid uterus was performed.
There is a single, intrauterine gestation.

L.M.P. : 26/04/2024 Gestational Age 6 WKS 6 D E.D.D. 31/01/2025

G SAC 57.5 MM COMPATIBLE WITH 11 WKS 5 DAYS

CRL 53.7 MM COMPATIBLE WITH 11 WKS 6 DAYS

FHR MEASURES 146/MIN..

NT MEASURES 2MM

NASAL BONE PRESENT

YOLK SAC VISULIZED

FETAL POLE VISULIZED.

DECIDUAL REACTION IS GOOD AND ADEQUATE.

NO E/O SC BLEED NOTED.

INTERNAL OS CLOSED CERVICAL LENGTH MEASURES 3.6 CM.

PLACENTA IS DEVELOPING POSTERIORLY DISTANCE FROM OS IS 1.2 CM S/O LOW LYING PLACENTA

IMPRESSION

- SINGLE, LIVE, INTRAUTERINE GESTATION OF 11 WKS 5 DAYS. (+/- 2 wks).
- PLACENTA LOW LYING
- THE CORRECTED E.D.D. IS 28/12/2024 (+/- 2 wks.).

Thanks for reference

Dr. Shweta Andhare

DMRE

REG NO CGMC 1028/2007

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRALE SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS, HENCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATIONS WITH CLINICAL AND OTHER INVESTIGATIVE FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.

PRE-NATAL SEX
DETERMINATION
IS NOT DONE