L SCREENING REQUEST FO

and Quad Marker (14.0-22.6 wks)

nple collection date :

'89

Date of Ultrasound : __/__/__

_CRL (in mm) : ___ BPD : ___

r

thers

Donor Eggs

Eggs

TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

SPL CODE : SPLCC1020 MSP pathlab

Date : 31/07/24

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	HARSHA GUPTA	35	Dual Marker	serum	24638769			B. Dubey M.D
2.			Hight - 5.0					
3.			Weight - 60					
4.			LMP - 20/05/24					
5.			DOB - 14/01/1989					
			MOND - 8839656633					

* Note Attached Clinical Report If Required

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PRENATAL SCREENING REQUEST FORM

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

Patient Name : HARSHA GUPTA **Sample collection date** :

Vial ID : 24638769

Date of Birth (Day/Month/Year) : 14/01/1989

Weight (Kg) : 60

L.M.P. (Day/Month/Year) : 20/05/24

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound** :__/__/___

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 :

ELITE MEDCITY

ARPA MEDCITY HOSPITAL & RESEARCH INSTITUTE

Near SBI Commercial Branch, Vyapar Vihar, Bilaspur (C.G)
Phone No: 07752-446322, Email ID: elitemedcityhospitals@gmail.com

PATIENT NAME	:	Mrs. HARSHA GUPTA
AGE/SEX	:	35 Yrs. / FEMALE
REF. DOCTOR	:	DR. KAVITA BABBAR (MD OBG &GYN)

DATE: 03.07.2024

ULTRA SOUND EARLY OBSTETRIC – (DATING SCAN)

LMP = 20.05.2024

GA by LMP = 06 weeks 02 days
GA by USG = 07 weeks 00 days

EDD by LMP = 24.02.2025
EDD by USG = 19.02.2025

- **Single intrauterine gestational sac with fetus pole and cardiac activity is noted.**
- **Fetal cardiac activity is present.**
- FHR = 120 BPM
- **Mean GSac diameter: 20.9 mm corresponding to 07 weeks 00 days.**

Ovaries: Both ovaries are normal in size, shape and echotexture.

EDD BY USG = 19.02.2025

IMPRESSION:

- **SINGLE INTRAUTERINE GESTATION WITH FETAL POLE & CARDIAC ACTIVITY CORRESPONDING TO GESTATIONAL AGE OF 07 WEEKS 00 DAY.**

ADVICE: FOLLOW- UP SCAN AFTER 3 WEEKS.

(I **Dr. Nitin Tahaliyani** declare that during USG scan on **Mrs. Harsha Gupta W/O Mr. Pintu Kumar Gupta** have neither detected nor disclosed the sex of her foetus to anybody in any manner).

DR. NITIN TAHALIYANI, DNB
CONSULTANT RADIOLOGIST

DISCLAIMER: impression is a professional opinion and not a diagnosis. The science of radiological is based on the interpretation of various shadows and is neither complete nor accurate. All modern machines/procedures have their limitation. Further pathological and radiological investigation with clinical correlation is required to enable the clinician to reach the final diagnosis. In case of any clinical/other discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.