



# TEST REQUISITION FORM (TRF)



SPL CODE : *SPL C C1020 MSP Pathology*

Date : *11/09/24*

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.	<i>Shruti</i>	<i>27/f</i>	<i>Dual Markers serum</i>		<i>A0660070</i>			
2.	<i>Ngdswal</i>		<i>Height - 5.8</i>					
3.	<i>SHRUTI</i>		<i>weight - 60</i>					
4.			<i>LMP - 27/06/24</i>					
5.			<i>DOB - 25/01/1997</i>					
			<i>MO NO - 9617521249</i>					

\* Note Attached Clinical Report is Required

*B. Daisey MD*



## PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : SHRUTI ACHARYA Sample collection date :

Vial ID : 10660070

Date of Birth (Day/Month/Year) : 23/01/1997

Weight (Kg) : 60

L.M.P. (Day/Month/Year) : 28/06/24

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 :



# Shriji Sonography Centre

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

Dr. Shweta Andhare

MSBS, Dip. in Radiology  
Consulting Radiologist  
Reg. No. CGMC 1028/2007  
PDNT No. : 076

Name	SHRUTI AGARWAL	Date	28/08/2024
Ref. By	: Dr B DUBEY MD	Age / Sex	: 27Y/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. : 27/06/2024 Gestational Age 8 WKS 6 D E.D.D. 03/04/2025

G SAC 35.9 MM COMPATIBLE WITH 8 WKS 5 DAYS

CRL 22.9 MM COMPATIBLE WITH 8 WKS 5 DAYS

FHR MEASURES 127/MIN..

YOLK SAC VISULIZED

FETAL POLE VISULIZED.

DECIDUAL REACTION IS GOOD AND ADEQUATE.

NO E/O SC BLEED NOTED.

INTERNAL OS CLOSED CERVICAL LENGTH MEASURES 3.7 CM.

### IMPRESSION

- SINGLE, LIVE, INTRAUTERINE GESTATION OF 8 WKS 5 DAYS. (+/- 2 wks).
- THE CORRECTED E.D.D. IS 04/04/2025 (+/- 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