TEST REQUISITION FORM (TRF)

NABL MC-3633

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SPL CODE : SPLC4030 Aalegal patho lab

Date :

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.	MRS. SAROJ SONI	F/58	T3T4TSH	Serum	24247735	7/11		
2.	MRS. POONAM NIRMALKAR	F/23	TSH	Serum	24634499	8/11		
3.	MR. SUJEET SAHU	M/36	T3T4TSH	Serum	24247736	9/11		
4.	MRS. SHRADHANJALI PATIDAR	F/30	Double Marker	Serum	24247731	10/11		
5.								

* Note Attached Clinical Report If Required

[illegible]
[illegible] D.M.R.D.
Consulting Radiologist & Sonologist
[illegible] C.G.M.C. - 079/20003
[illegible]diagnosticbsp@gmail.com

[illegible] डायग्नोस्टिक

सोनोग्राफी, कलर डॉप्लर एवं डिजिटल एक्स-रे, ओ.पी.जी. एवं ई.सी.जी.

[illegible] रोड, [illegible] दुकान के बगल में, [illegible] (छ.ग.) फोन : 07752-416717, मो.: 7974065[illegible]

Patient name	[illegible]		
Patient ID	[illegible]	Age/Sex	[illegible] Years / Female
Referred by	[illegible]	Visit no	1
LMP date	[illegible]	Visit date	[illegible]
		C-EDD	[illegible]

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done

Route Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.60 cm in length.

Internal os closed

Fetus

Placenta	:	Anterior
Fetal activity	:	Fetal activity present
Cardiac activity	:	Cardiac activity present Fetal heart rate - 160 bpm

CRL - 53.3 mm(11W 5D)

Aneuploidy Markers

Nuchal translucency : 0.8 mm normal.

right ovaries normal in size.

one simple left ovarian cyst of size 28x26mm ,no echos,no septation ,no mural nodule

SINGLE ALIVE INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 11 WEEKS 5 DAYS
CORRECTED EDD 24-04-2025
PLACENTA - ANTERIOR
MATERNAL SIMPLE LEFT OVARIAN CYST .

I DR PRASANNA SINGH here by declear that while conducting ultrasonography mrs. SHRDDJANJALI i have neither detected nor disclosed the sex of her fetus to any body in any manner.

Dr. Prasanna S[illegible]
M.B.B.S., [illegible]
Consultant Radiologist & S[illegible]

भारत सरकार

श्रद्धाजनी

Shradhnji

जन्म तिथि/ DOB: 08/06/1992

महिला / FEMALE

8986 9694 2406

आधार — आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

D/O: तिरथ लाल, वार्ड न 1, कवर पारा, बरपारा, बर्पारा, कोरिया, छत्तीसगढ़ - 497335

Address:

D/O: Tirath Lal, ward no 1, kawar para, barapara, Barpara, Korlya, Chhattisgarh - 497335

8986 9694 2406

Aadhaar-Aam Admi ka Adhikar

MRS. SHRADHANJALI PAIKRA 2/30

MARIYA SAHAY KEENDRA 11/10/24

Date of Birth. 08/06/1992

Wet. 56 kg

Hit. 5"4

MO.NO PH: ~~[illegible]~~21 7987304321