



NABL  
MC-3693

## TEST REQUISITION FORM (TRF)



Excellence in Health Care

SPL CODE : SP-44020

m8p Pathology

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.	<u>Mrs. DOLLY SONI</u>	<u>25/f</u>	<u>Dual Marker</u>	<u>Serum</u>	<u>A0666752</u>			<u>B. DUBEY</u>
2.								
3.								
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 : Mrs. DOLLY SONI 25/F Sample collection date : A0666752

Vial ID : A0666752

Date of Birth (Day/Month/Year) :

Weight (Kg) : 74 KG Height 5'2"

L.M.P. (Day/Month/Year) : 13/08/2024

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 : Shanleya GHOSH

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 : [Signature]



# GHOSH + Sonography Centre

GHOSH COMPLEX, TILAK NAGAR MAIN ROAD, BILASPUR (C.G.) 495001

Regn No. CGMC/883/2007

**Dr. (Mrs) Shailaja Ghosh**

Sonologist, MBBS, FCGP, MIFUMB, CBT

PCPNDT REG. No. BILA1019

Ph. No. : 07752 409352

Mobile No. 99268 09744

NAME: SMT. DOLLY SONI

REF. BY: DR. (MRS) B. DUBEY

LMP : 13/08/2024

EDD: 20/05/2025

INDICATION : NO.1 ( CONFIRM CONCEPTION AND VIABILITY)

AGE/SEX: 25 YRS/F

DATE: 04/10/2024

LMP GUIDED GA : 7.3 WEEKS

REAL-TIME B-MODE PELVIC (T.A.S) SCANNING REVEALS :

ANTEVERTED GRAVID UTERUS IN MIDLINE MEASURING 8.3CMX4.6CMX5.7CM.  
MYOMETRIAL ECHOES ARE HOMOGENOUS.

A SINGLE GESTATIONAL SAC IS SEEN IN INTRAUTERINE LOCATION.  
IT HAS FAIRLY WELL-DEFINED OUTLINE AND REGULAR MARGINS.  
MEAN SAC DIAMETER IS 1.92 CM, CORRESPONDING TO 6.6 WEEKS GESTATION.  
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.  
TURIGIDITY OF THE SAC IS WELL MAINTAINED.

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.  
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR : 164 /MIN. REGULAR.  
CRL IS 1.24 CM CORRESPONDING TO 7.3 WEEKS GESTATION.

CHORIO-DECIDUAL REACTION APPEARED ADEQUATE.  
THERE IS NO E/O SUB-CHORIONIC COLLECTION AT THE TIME OF EXAMINATION.

CERVIX UTERI IS 3.5 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.  
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS.  
BOTH OVARIES ARE NORMAL IN SIZE AND APPEARANCE.  
NO FREE FLUID SEEN IN PELVIC CAVITY.

MATERNAL ABDOMINAL SCANNING REVEALS NORMAL SIZED LIVER, GALL-BLADDER, KIDNEYS,  
PANCREAS AND SPLEEN. NO FREE FLUID OR ABDOMINAL LYMPHADENOPATHY VISUALISED.  
NO EVIDENCE OF OBSTRUCTIVE UROPATHY SEEN ON EITHER SIDE.

USG GUIDED EDD : 20/05/2025 .

**IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.**

**CGA: 7-8 WEEKS.**

**2) PELVIC SCAN IS WITHIN NORMAL LIMITS.**

**( REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY  
AND NT/NB SCAN.....06/11/2024 TO 20/11/2024).**

**I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON  
MRS. DOLLY SONI, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS TO  
ANYBODY IN ANY MANNER.**

**DR. SHAILAJA GHOSH  
(SONOLOGIST)**

- **THANKS FOR REFERENCE.**
- **PRE-NATAL SEX-DETERMINATION TEST IS NOT DONE HERE.**