NABL
MC-3633

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

SPL CODE : SPL.CH020. MSP. Pathelab. Date : 21/12/2024.

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.	~~DR~~	2 Y F	Dual MARKer.					
2.	DEEKSHA.		HBM - 4.5.	Serum	A066663.			
3.	NAMDEV.		weight - 57 kg.					
4.			DOB 8/8/2021					B. Dubey M.D.
5.			LMP 30/9/2024					

* Note Attached Clinical Report If Required

पुराना हाईकोर्ट के सामने, केनरा बैंक के बगल में, बिलासपुर (छ.ग.)
फोन : 07752-400130 मो.: 9752215692

M.B.B.S., D.M.R.D.
Consulting Radiologist & Sonologist
Reg No. C.G.M.C. - 079/20003
E-mail : balajidiagnosticbsp@gmail.com

Patient name	Deeksha	Age/Sex	24 yr/F
Patient ID		Visit No	
Referred by	Dr - P. Singh DGO	Visit Date	9/12/24
LMP Date		LMP EDD	~~9/7/2024~~

OB - Early Pregnancy Scan Report

9/12/24

Real time B-mode ultrasonography of gravid uterus done.
Route : Transadominal
intrauterine gestation

Maternal :

Cervix measured 3.8 cm in length. LMP: 30/09/2024
internal os closed
Fetus
Survey

Gestational sac : There is single intrauterine gestational sac with live fetal pole seen in uterine cavity
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 175 bpm

Biometry (Haltmann, Kobayashi, Hadlock)
Gsac -
CRL - 4.5cm = 11-12 wks
placenta → Posterior low lying
b/l ovaries normal in size
No e/o Subchorionic collection

Impression

SINGLE ALIVE NATURETERINE GESTATION CORRESPONDOING TO A GESTATIONAL AGE OF 11-12 wks CORRECTED EDD 27/6/2025

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

Deeksha

Dr. Prasanna Singh
M.B.B.S., D.M.R.D.
Consulting Radiologist & Sonologist
Reg No. C.G.M.C. - 079/2003

Dr. Pooja Singh
M.B.B.S., D.G.O., F.C.G.P.
Obstretics & Gynaecology, Infertility
Reg No. C.G.M.C. - 2803/2010

SagePath®
Excellence In Health Care

PRENATAL SCREENING REQUEST FORM

✓

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

Patient Name : DEEKSHA HM **Sample collection date :** 21/12/2024

Vial ID : A0666653.

Date of Birth (Day/Month/Year) :

Weight (Kg) : 57/c

L.M.P. (Day/Month/Year) :

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound :** 9/12/2024.

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 :