



TEST REQUISITION FORM (TRF)



SPL CODE : SPLC1020

MSP. pathology.

Date : 02/10

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref
1.	HEMA KARIYAR	34/F	DUAL MARKER	Serum	A0843910		
2.			Height - 5.4 cm.				
3.			Weight - 62 kg.				
4.			DOB - 30/01/1991				
5.			MR - 04/10/2024.				

* 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 : HEMA KARIYAR Sample collection date : 02/1/2025

Vial ID : _____

Date of Birth (Day/Month/Year) :

Weight (Kg) : 62/47

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

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 7/12/2024

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 : [Signature]



APU DIAGNOSTICS CENTER

DIGITAL X-RAY AND ADVANCED SONOGRAPHY CENTER
SHOP F23-24, FIRST FLOOR RAJIV PLAZA, OPPOSITE DISTRICT HOSPITAL
BILASPUR, (C.G.)

Patient name	Mrs. HEMA KARIYARE	Age/Sex	35 Years / Female
Patient ID	07-12-2024-0025	Visit no.	1
Referred by	Dr. B. DUBEY	Visit date	07/12/2024
LMP date	04/10/2024, LMP EDD: 11/07/2025	C-EDD	19/07/2025

OB - Early pregnancy Scan Report

Indication(s)

(i)
Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Intrauterine gestation

Maternal

internal os is closed.

Fetus

Survey

Gestational Sac seen. Sac margins appeared regular

Gestational sac measured 22.8 X 42.3 X 35.6 mm. (Mean = 33.57)

Yolk sac seen

Yolk sac measured 4.5 mm.

Embryo seen

Fetal activity present

Cardiac activity present

Fetal heart rate - 181 bpm

Biometry(Hadlock)

CRL - 15.1 mm(8W)

Placenta developing posteriorly grade - 0.

Impression

Intrauterine gestation corresponding to a gestational age of 8 Weeks

Gestational age assigned as per biometry (CRL)

Menstrual age 9 Weeks 1 Day

-G- sac with yolk sac seen.

-Fetal pole & cardiac activity seen.

-Advised: followup scan after 4 weeks.

THANKS FOR REFERENCE.

I Dr. Apoorv Singh Thakur, here by declare that while conducting the Sonography of Mrs. He3ma kariyar W/o Mr.Amit kumar kariyar,
I have not disclosed the sex of the foetus to anyone in any manner

Dr.APOORV SINGH THAKUR
MBBS.,DMRD.,