



TEST REQUISITION FORM (TRF)



SPL CODE : SPLC0020 MSP. pathology.

Date : 31/08/2025

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.	mus. ADITI ATRAWAL	21/F	DUAL. MAR/kel.	serum	ALB29092			
2.			light. S.6.					
3.			urine. 43/12.					
4.			DOB. 04/12/1996.					
5.								

* Note Attached Clinical Report If Required

B. Dubey. M.D.

PRENATAL SCREENING REQUEST FORM

✓
First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Aditi Ayyar Sample collection date : 31/03/2025

Vial ID : _____

Date of Birth (Day/Month/Year) :

Weight (Kg) : 43 kg

L.M.P. (Day/Month/Year) : 17/01/2025

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 Chromosomal anomaly : Yes ☐ No ☒

Signature : [Signature]

Shriji Sonography Centre



प्रथम तल F : 12-27, RAJIV PLAZA, OPP. DIST. HOSPITAL

BILASPUR 495 001 (C.G.) MOBILE : 9926275226

MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007
PDNT No. - 075

Dr. Shweta Andhare

Name	ADITI AGRAWAL	Date	/01/2025
Ref. By	: Dr B DUBEY MD	Age / Sex	: 21Y / F
Patient ID	:		05/31

OBSTETRIC SONOGRAPHY

The real time, B mode, sonography of gravid uterus was performed.
There is a single, intrauterine gestation.

L.M.P. : ? Gestational Age ? E.D.D. ?

G SAC 21.0 MM COMPATIBLE WITH 7 WKS 0 DAYS

CRL 8.6 MM COMPATIBLE WITH 7 WKS 0 DAYS

FHR MEASURES 132/MIN..

YOLK SAC VISULIZED

FETAL POLE VISULIZED.

DECIDUAL REACTION IS GOOD AND ADEQUATE.

NOE/O SC BLEED NOTED.

:
INTERNAL OS CLOSED CERVICAL LENGTH MEASURES 3.8 CM.

IMPRESSION

- SINGLE, LIVE, INTRAUTERINE GESTATION OF 7 WKS 0 DAYS (+/- 2 wks).
- THE CORRECTED E.D.D. IS 22/10/2025 (+/- 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**