TEST REQUISITION FORM (TRF)

SagePath
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SPL CODE : SPL CO. 20. MSP. Pathlab.

Date : 07/05/2025.

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.	mrs. ANJITA KUMARI	35/F	DUCT MARKAR. HIGHTh. S.O (TSH). WEIGHT 65/kg DOB. 07/05/1988. LMP. 10/02/2025.	Serum.	A1515767.			B. dubey M.D.
2.								
3.								
4.								
5								

* Note Attached Clinical Report If Required

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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. ANITA KUMARY **Sample collection date :** 07/05/2025

Vial ID : AISLS-767

Date of Birth (Day/Month/Year) :

Weight (Kg) : 65 Kg

L.M.P. (Day/Month/Year) : 10/02/2025

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 Chromosome anomaly : Yes ○ No ○

Signature :

कुमार ध्रुव

श्री ईरा अल्ट्रासाउंड क्लिनिक
एण्ड
डायग्नोस्टिक सेंटर

डॉ. मनीषा ध्रुव
जनरल फिजिशियन
Reg. No. : CGMC 9162/2019

स्नेहा लॉज, दाऊपारा चौक, मुंगेली
मो. : 8602641363 | 8871183913, E-mail : shreeira20@gmail.com

PATIENT NAME	: MRS ANITA KURRE	AGE/SEX	35YEARS/FEMALE
REFERRED BY	: DR MANISHA DHRUW	DATE	18/04/2025

ULTRASONOGRAPHY REPORT OF GRAVID UTERUS

INDICATION:- i. To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
Ii. Estimation of gestational age (dating).

LMP:10.02.2025

Gestational age by LMP: 9 weeks 4 days

Uterus is enlarged,gravid and shows Single gestational sac.
Chorio-decidual reaction:seen
Wall of g. sac : Regular
Yolk sac : Seen
Foetal pole : Seen
Spontaneous fetal movement & Cardiac activity : Seen
FHR : 113 BPM
Cervical length measures 3.7 cm in length.
Internal os closed
No evidence of any uterine fibroid or any focal lesion
Corpus luteum is not seen
Both maternal ovaries appear normal.No evidence of any abnormal ovarian cyst.Adnexa appear normal

Measured parameters are:-
CRL = 6 mm corresponding to 6 weeks 4 days
Gestational sac= 19 mm corresponding to 6 weeks 6 days
EDD = 07.12.2025

Conclusion:- Single live intrauterine embryo of estimated gestational age 6 weeks 5 days.

Declaration by the patient: Mrs.Anita kurre , declares while undergoing USG I did not want to know the sex of my fetus.

SIGNATURE:

Declaration by the doctor: I, Dr. Sandeep Dhruw declare that while conducting sonography **Mrs. Anita kurre w/o Mr.Rupkumar**. **I have neither detected nor disclosed the sex of the fetus to anybody in any manner.**

Dr. Sandeep Kumar Dhruw
MD Radiodiagnosis
Reg. No-CGMC 7817/2018.

Please correlate clinically
Thanks for reference

1. Please intimate us if any typing mistakes and send the report for correction within 7 days
2. This report only professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings
3. Kindly bring the previous ultrasound scan reports for reference.