



TEST REQUISITION FORM (TRF)



SPL CODE : SPLC 07. 20.

m8p. Pathology.

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.	mus. ANITA KUMHAY	35H	Duct MARKER.	Serum.	A1515767.			B. Dubey M.D.
2.			Ugth. S.O (TSH).					
3.			weight 65 kg					
4.			DOB. 07/05/1988.					
5.			LMP. 10/02/2025.					

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

Vial ID : A1515-767

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 ☐

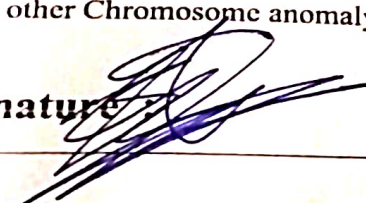
If Donor Eggs, Egg Donor birth date : ____/____/____

Previous pregnancies :

With Down Syndrome : Yes ☐ No ☒

With Neural tube Anomaly : Yes ☐ No ☒

Any other Chromosome anomaly : Yes ☐ No ☒

Signature : 

श्री इंद्रा अल्ट्रासाउंड क्लिनिक

डॉ. मनीषा ध्रुव

जन्मल फिजिशियन



श्री इंद्रा अल्ट्रासाउंड क्लिनिक

एनड

जायवोस्टिक सेंटर

जन्मल फिजिशियन

Reg. No. : CGMC 9162/2019

स्वेहा कॉज, दाऊपाटा चौक, मुंगेली

मो. : 8602641363 | 8871183913, E-mail : shreelra20@gmail.com

PATIENT NAME

REFERRED BY

MRS ANITA KURRE

DR MANISHA DHRUW

AGE/SEX

35YEARS/FEMALE

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.

Please correlate clinically

Thanks for reference

Dr. Sandeep Kumar Dhruw

MD, Radiology

Reg. No. CGMC 7817/2018

Reg. No. CGMC 7817/2018.

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.

PRENATAL SEX

All measurements including estimated foetal weight is subject to variation.