



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name Smt. Dole

Age: 21 Yrs: _____ Months: _____ Days

Sex: Male ☐ Female ☒ Date of Birth: ☐ ☐ ☐ ☐ ☐ ☐

Ph: _____

Client Details:

SPP Code SPL-SH-019

Customer Name _____

Customer Contact No _____

Ref Doctor Name _____

Ref Doctor Contact No Dr. Savita Vishwakarma

Specimen Details:

Sample Collection date:

Specimen Temperature:

Sent

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Sample Collection Time:

AM / PM

Received

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Quand Marker,

Serum

B2825507

Clinical History:

weight - 43kg

DOB - 19/7/2004

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF

No. of Samples Received:

Received by:

SHRI CHAITANYA HI-TECH DIAGNOSTIC CENTRE

Shop No. 5 to 10, District Hospital, Tili Road, Near Rudraksha Petrol Pump, Sagar (M.P.)

Tel : 07582-356980, Mob.: 8819012304, E-mail : schdcsagar@gmail.com

NAME: SMT. DALI YADAV

AGE/SEX: 21YRS /F

REF. BY: DR. SAVITA VISHWAKARMA

DATE: 17/05/2025

ULTRASONOGRAPHY OF PELVIS

Urinary Bladder: distended, wall thickness is normal,
Lumen is anechoic

Uterus: Gravid, anteverted. Normal contours.
Regular gestation sac in upper part.
Fetal pole of C.R.L. ~27.8mm seen (9Wk 4 Days.)
Cardiac pulsations present.- 181bpm
Bilateral adnexal region appears clear.

FINDINGS S/O:

- EARLY INTRAUTERINE PREGNANCY OF G.AGE ~ 9WKS 4 DAY WITH
NORMAL CARDIAC ACTIVITY. .

E.D.D. (USG)- 16.12.2025

I DR.VARSHABHAN AHIRWAR declare that while conducting Ultrasonography on Mrs. DALI YADAV , I have neither detected nor disclosed the sex of her fetus to any body in any manner.

Note : All congenital malformations can not be ruled out by Ultrasound Examination.

Kindly correlate clinically.

Dr. Varshabhan Ahirwar
M. D. (Radiagnosis)
Reg. No. MP 12773

Dr Vrashabhan
Consultant Radiologist

FACILITIES OFFERED

24 HOURS OPEN * EMERGENCY SERVICE * AMBULANCE FACILITY
Advanced Multi-slice Whole Body CT Scan, Digital : X-Ray, OPG, USG



धनु श्री क्लीनिक

डॉ. सविता विश्वकर्मा
मो. 9171852870

Date : 8/5/25

Pt. Name : Mrs. Dalee Yadav

R_x Hothriya Age / Sex : 21 yrs / F Weight : 48 kg

UMP : 4/8/25

LOD : 10/12/25

40
2 month Amm / Opt tre
white discharge
pain in abd.

okl-8yr

plbl
80%

Rf
- Alb. Negmarole 150
1 ear

- Alb. Gonoxole PR
1 OD x 5

- Alb. Dony 80
1 SOS x 10 tabs

- Symp. waffly 80
100p — 100p

Adm
ung-obs
for 1st 15 days
(15/5)

Adm
Dual water

Dr. Savita Vishwakarma
BAMS CGO CCH
Reg. No. 53901

840F of 3 wks 4 days

181 bpm

16/12/25

दवाईयाँ डॉक्टर को दिखाकर प्रयोग करें।

पता - हनुमान बाग, क्षमा हार्डवेयर वाली गली, आरती मेडिकल के सामने, बेगमगंज, जिला-रायसेन



भारत सरकार
Government of India



Issue Date: 12/06/2014



दली यदव
Delee Yadav
जन्म तिथि/DOB: 19/07/2004
महिला/ FEMALE

8355 9824 7820

VID : 9112 3051 0213 8338

मेरा आधार, मेरी पहचान

www.uidai.gov.in



help@uidai.gov.in

1917

VID : 9112 3051 0213 8338

8355 9824 7820



दली यदव
Delee Yadav, 19/07/2004, 8355 9824 7820, 9112 3051 0213 8338
जन्म तिथि/DOB: 19/07/2004
महिला/ FEMALE



Unique Identification Authority of India

भारत सरकार

