TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):

Name : Smt. Shivani Ghoshi

Age : 23 Yrs : ___ Months ___ Days

Sex : Male ☐ Female ☑ Date of Birth : DD MM YYYY

Ph : ___

Client Details :

SPP Code SPL 04.019

Customer Name Ambika lab. Begumganj

Customer Contact No ___

Ref Doctor Name Dr. S. Viswakarma (BAMS)

Ref Doctor Contact No ___

Specimen Details:

Sample Collection date : 30/5/25	**Specimen Temperature :**	**Sent**	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : 12 AM / PM		**Received**	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Dual Maskar -	Serum	B2825557

Clinical History:

ANUPAM PATHOLOGY LAB AND X-RAY CENTER 9425652818 BEGUMGANJ

No. of Samples Received:

Received by:

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

धनु श्री क्लीनिक

डॉ. सविता विश्वकर्मा
मो. 9171852870

Date : 23/04/25

Pt. Name : Shivani Ghoshi

Rx

Age / Sex: 23y / F Weight 54 kg

LMP:- 15/3/25

40
8 days overdue

O/H:-
G5 P1 L4 A3
Mixed Abortion
2Y MCH FTND
2 times spontaneous Abortion
May 24
Oct 24

BP:- 120/80mm Hg

Rx
- Tab. Folitass plus
  1 OD x 1 month
- Tab. Dylogest
  1 ———— 1 x (15) d
- Syp. Asthakind-Dx
  2 tsp ———— 2 tsp
  x 1 month

@ 1/5/25
Adv
USG-OBS for viability of pregnancy (TVS)

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

दवाईयाँ डॉक्टर को दिखाकर प्रयोग करें ।

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

8/5/25

Rx

- फलाघृत

½ tsp OD × 1 month

- Tab. संशमनी वटी

1 OD × 1 month

दूध से

USG

6 wks 5d

FHR - 129/min

1/5/25

BP:- 120/70 mm Hg

Wt - 55 kg

1/5/25

Inv

Lab marker

29/5/25

Rx

Inj HCG 5000 IU

im/weekly

- Tab. Dydrogesterone

1 ———— 1 × 1 month

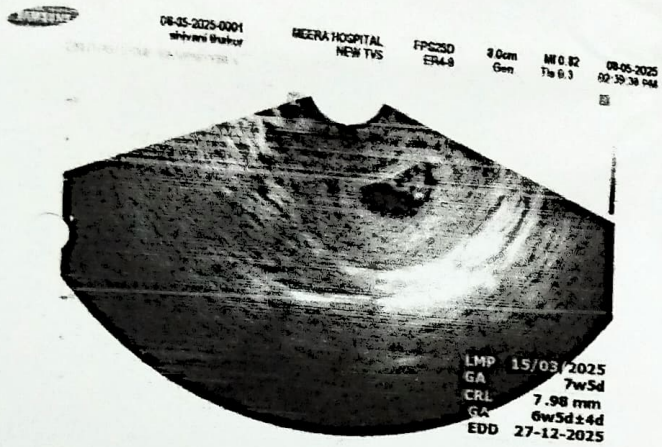
Ultrasound Image Report

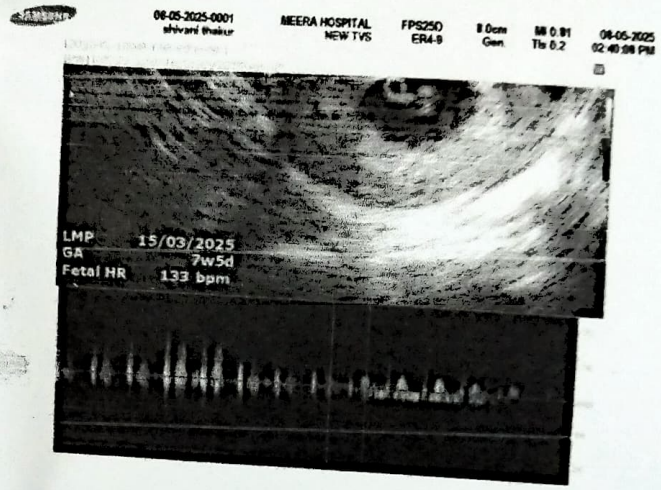
Patient

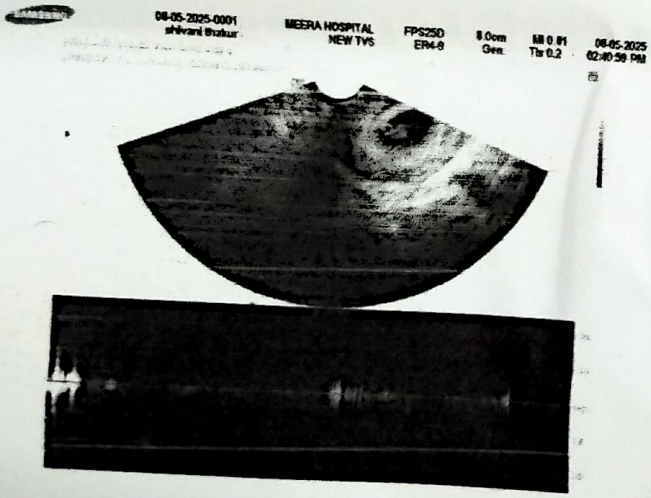
ID	08-05-2025-0001
Name	shivani thakur
Birth Date	
Gender	Other

Exam

Accession #	
Exam Date	08052025
Description	
Sonographer	







भारत सरकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

Enrollment No 1293/14007/19032

To,
Shivani Ghoshi
D/O: Malkhan Singh
ward no 10 Ghosi mohalla Begumganj
Begumganj
Begamganj
Begumganj Begamganj Raisen
Madhya Pradesh 464881
8251062149

05/01/2013

Ref: 141 / 09I / 281008 / 281295 / P

SI2448071841T

आपका आधार क्रमांक / Your Aadhaar No. :

3022 6854 6124

आधार - आम आदमी का अधिकार

भारत सरकार

Government of India

Shivani Ghoshi

Year of Birth : 2001

Female

3022 6854 6124

आधार - आम आदमी का अधिकार