TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY):

Name Smt Vaishali Lodhi

Age : 32 Yrs : ____ Months ____ Days

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

Ph : ____

Client Details :

SPP Code SPL.SVM.019

Customer Name Ambika lab Jejuri

Customer Contact No ____

Ref Doctor Name Dr. Vishvkarma (BAMS)

Ref Doctor Contact No ____

Specimen Details:

Sample Collection date : 2/6/25	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
Sample Collection Time : 10 AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Dual marker	Serum	B2825569

Clinical History:

No. of Samples Received:

Received by:

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.

~-6

धनु श्री क्लीनिक

डॉ. सविता विश्वकर्मा
मो. 9171852870

Date : 14/4/25

Pt. Name : Mrs. Vaishali Ladhi

Rx

Age/Sex: 23yrs/F Weight 60 kg

[illegible]
LMP :- 18/3/25

wants issue
UPT +ve

BP :- 100/60 mmHg

Rx

- Tab. Dydrotek 10
  1 ——— 1 × 1month

- Inj HCG 5000 IU im
  weekly × (4) doses

- cap. Almyofol plus
  1 OD × 1month

- फलघृत
  1 tsp c̄ milk

- Tab. Droxe 20
  1 ——— sos × (5) tab.

Adv
[illegible]

दवाईयाँ डॉक्टर को दिखाकर प्रयोग करें ।

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

Rx

- Tab. Megmazole 150
1 stat × (1)

- Wash - D
LA

Rx

- Tab. Dytafert
1 → × (10d)

8/5/25

Rx

- Tab. Dytafert 10
1 OD × 1 month

5/5/25

Adv

USG - pelvis (TVS)

s/o viability of foetus

18/5/25

→ SLIUF of
Weeks 4d
FHR - 107
21/12/25

Adv

Dual marker

NT

Adv

BDC
Bundelkhand Diagnostic Centre
CT Scan, MRI, USG, X-Ray and Pathology
Imaging Beyond Imagination

PT. NAME MRS.VAISHALI LODHI AGE/SEX-23 YR/F

REF DR.-DR. SAVITA VISHWAKARMA DATE-08.05.2025

EARLY ANTENATAL SONOGRAPHY (TAS)

LMP : 18.03.2025

EDD : 23.12.2025

Study shows an enlarged uterus with a single well-formed gestational sac in the cavity.

Embryo with normal cardiac activity seen (FHR= 167 bpm)

CRL : 1.34 cm corresponding to 7 weeks 4 day.

Cal EDD : 21.12.2025

Decidual reaction is good. No evidence of subchorionic or retroplacental hematoma.

Cervical length measuring 3.6 cm and internal OS appear normal.

Both ovaries appear normal in volume and echotexture.

No obvious adnexal mass lesion seen.

There is no free fluid in POD.

IMPRESSION: -

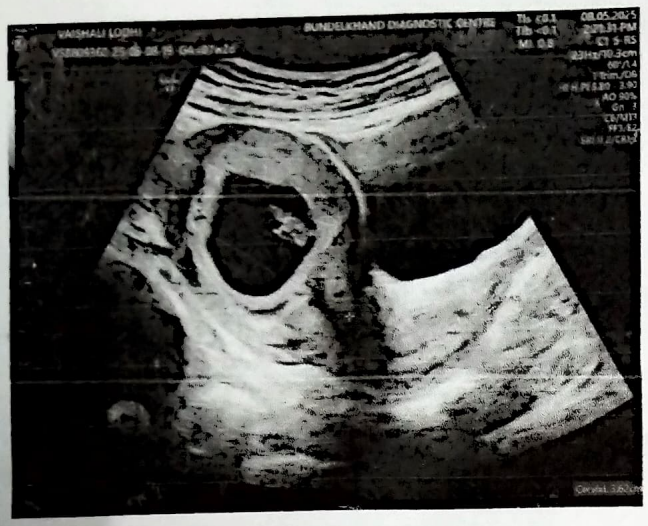
- EARLY SINGLE LIVE INTRAUTERINE PREGNANCY WITH CRL CORRESPONDING 7 WK 4 DAY MATURITY.

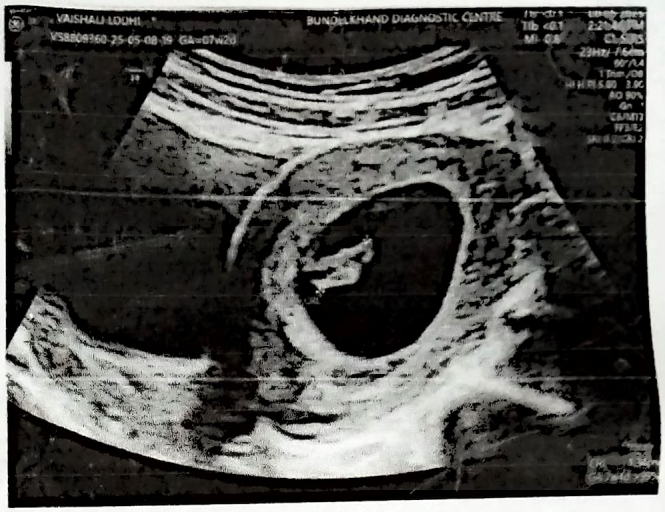
ADVICE FOLLOW UP NT SCAN AT 12- 13 WEEKS. (15 JUNE 2025)

DR. SUKRATI SHRIVASTAVA
MBBS,MD
CONSULTANT (RADIOLOGIST)
REG.No.-MP-24445

DR.SUKRATI SHRIVASTAVA(MD)
Consultant Radiologist
Reg. no.- MP 24445

I DR. SUKRATI SHRIVASTAVA declare that while conducting ultrasonography on MRS VAISHALI LODHI I have neither detected nor disclosed the sex of her fetus to anybody in any manner.NB: This is not an anomaly scan. ultrasound scanning cannot detect all fetal anomalies. Eventhough this scan has been performed as per current international guidelines for fetal imaging, certain anomalies go undetected due to technical limitations, maternal body habitus, unfavourable fetal positions or subnormal amount of liquor. This report is not valid for any medicolegal aspect. The fetal cardiac anomalies are detected by fetal echo only.


VAISHALI LODHI
BUNDELKHAND DIAGNOSTIC CENTRE


VAISHALI LODHI
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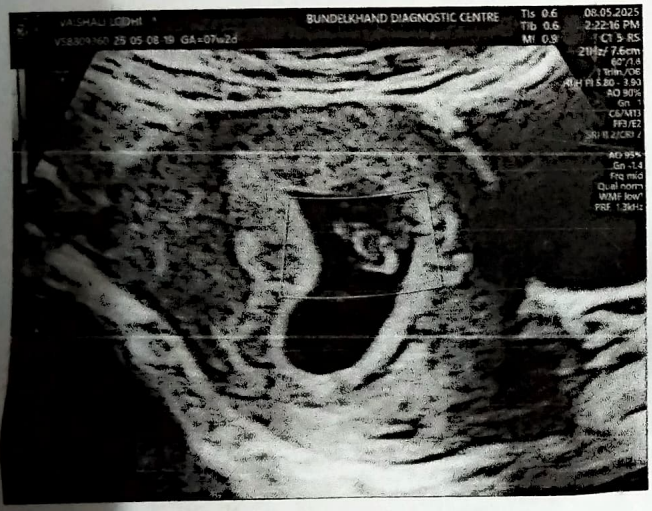
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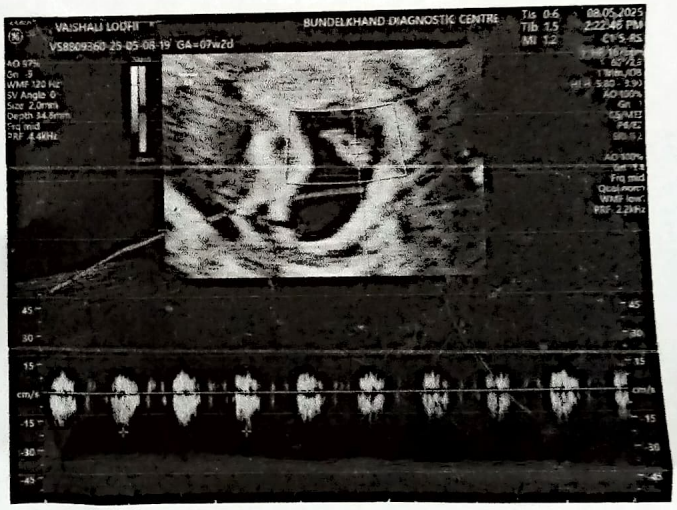
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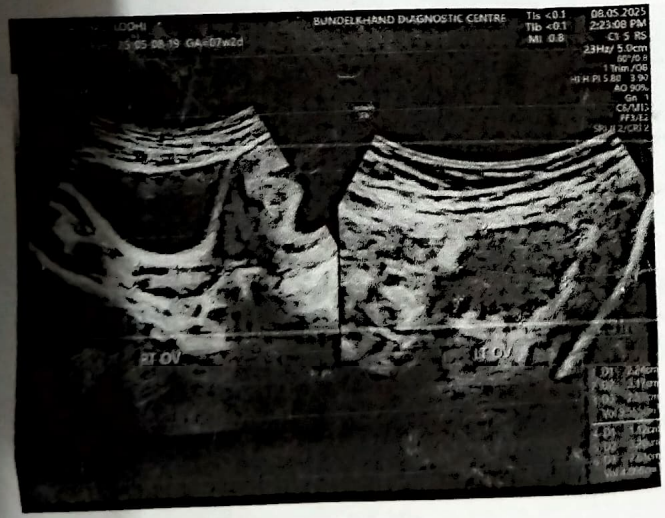
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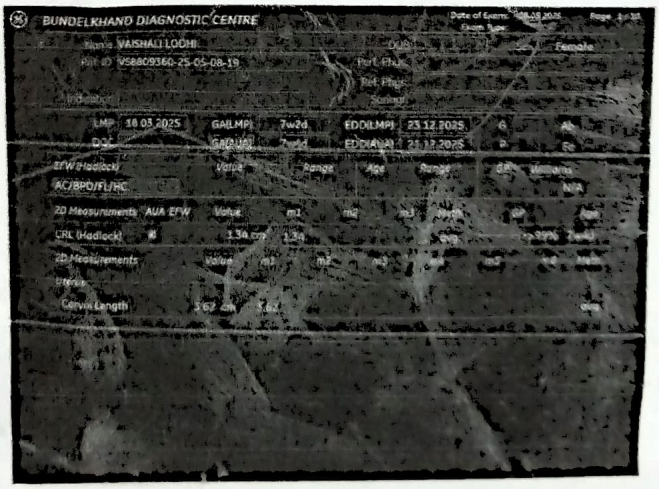
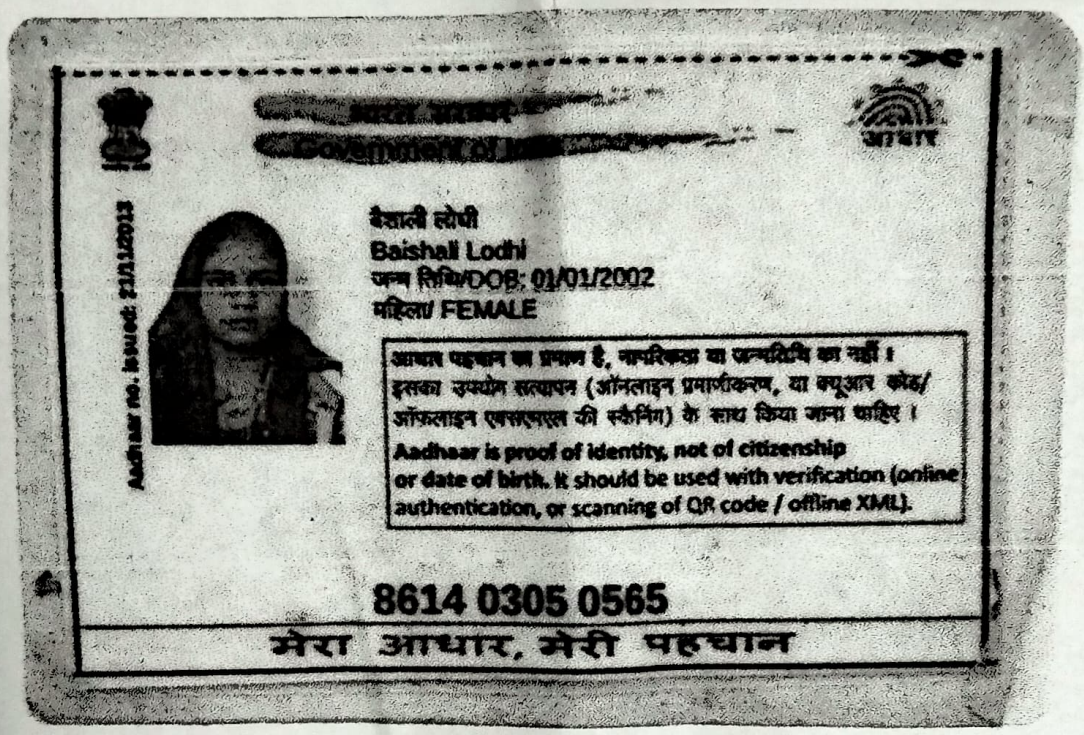
08.05.2025
2:23:08 PM
RT OV
LT OV


BUNDELKHAND DIAGNOSTIC CENTRE
Name VAISHALI LODHI
Pat ID VS8809360-25-05-08-19
LMP 18.03.2025
GA(LMP) 7w2d
EDD(LMP) 23.12.2025
EDD(USG) 21.12.2025
Cervix Length 3.67 cm



[redacted]

Government of [redacted]

आधार

Aadhaar no. Issued: 21/11/2018

वैशाली लोधी
Baishali Lodhi
जन्म तिथि/DOB: 01/01/2002
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

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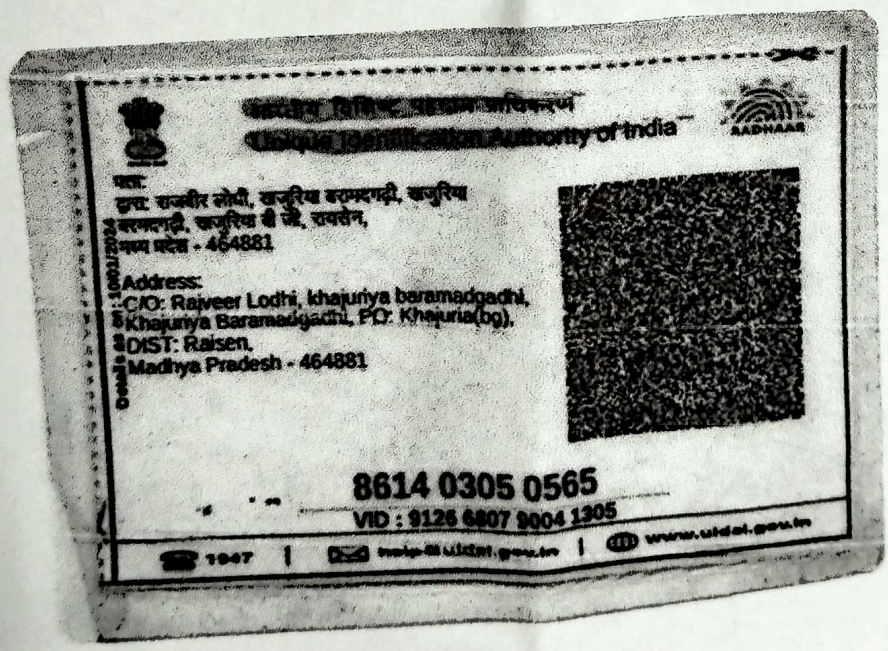
मेरा आधार, मेरी पहचान


Unique Identification Authority of India
AADHAAR
नाम:
द्वारा: राजवीर लोधी, खजुरिया बरमदगढ़ी, खजुरिया बरमदगढ़ी, खजुरिया बी जे, रायसेन, मध्य प्रदेश - 464881
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