TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath
Excellence in Health Care

SPL CODE : SPLCH020. MSP. Pathelab.

Date : 05/07/2025

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. SUNITA YADAV	30/F	Dual MARKal. + TSH Height 4'8"cm. Weight 47kg DOB. 24/12/1994. LMP. 26/04/25	Serum	B2601244			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. SUNITA YADAV . Sample collection date : 5/07/2025

Vial ID : B260124

Date of Birth (Day/Month/Year) :

Weight (Kg) : 47/kg

L.M.P. (Day/Month/Year) : 26/04/2025

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 :

Shriji Sonography Centre

प्रथम तल F : 12-27, RAJIV PLAZA, OPP. DIST. HOSPITAL
BILASPUR 495 001 (C.G.) MOBILE : 9926275226

Dr. Shweta Andhare
MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007
PDNT No. - 076

Name	SUNITA YADAV	Date	05/07/2025
Ref. By	: Dr B DUBEY MD	Age / Sex	:30Y /F
Patient ID	:		

OBSTETRIC SONOGRAPHY

The real time,B mode, sonography of gravid uterus was performed.
There is a single, intrauterine gestation.

L.M.P. : 26/04/2025 Gestational Age 10 WKS 0 D E.D.D. 31/01/2026

G SAC 34.9 MM COMPATIBLE WITH 8 WKS 5 DAYS

CRL 23.2 MM COMPATIBLE WITH 8 WKS 5 DAYS

FHR MEASURES 133/MIN..

YOLK SAC VISULIZED

FETAL POLE VISULIZED.

DECIDUAL REACTION IS GOOD AND ADEQUATE.

NO E/O SC BLEED NOTED.

INTERNAL OS CLOSED CERVICAL LENGTH MEASURES 3.4 CM.

IMPRESSION

- **SINGLE, LIVE , INTRAUTERINE GESTATION OF 8 WKS 5 DAYS .(+/- 2 wks).**
- **THE CORRECTED E.D.D. IS 09/02/2026 (+/- 2 wks.).**

Thanks for reference

Dr. Shweta Andhare
DMRE
REG.NO CGMC 1028/2007