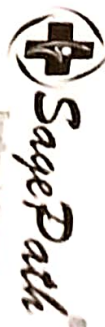




TEST REQUISITION FORM (TRF)



SPL CODE : SPLCUN020 . MRSP. Pathakub.

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		TRIAL MARKAL.	SEUM	B2601244			
2.	YADAV	34F	+ TSH					
3.			Wt 44.8 cm					
4.			Wt 42 kg					
5.			DOB 24/12/1994					
			EMP. 26/04/2025					

* Note Attached Clinical Report If Required

B. P. D.

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. SUMITA YADAV Sample collection date : 5/07/2025

Vial ID : R2601244

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 ☐

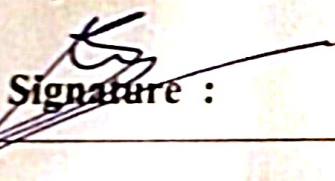
If Donor Eggs, Egg Donor birth date : ____/____/____

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

MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007
PONT No. - 076

Dr. Shweta Andhare

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

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRALE SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS. HENCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATIONS WITH CLINICAL AND OTHER INVESTIGATIVE TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.

PRE-NATAL SEX
DETERMINATION
IS NOT DONE