



TEST REQUISITION FORM (TRF)



SPL CODE : SPL CC1020 MSP Pathology

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Date	Sample Collection Date & Time	Ref. Customer	Referral Doc
1.	<u>Lehushboo</u>	<u>39/1</u>	<u>Quad Marker</u>	<u>serum</u>	<u>B2605409</u>	<u>27/07/22</u>			
2.	<u>Dewanmcyam</u>		<u>Height - 57 cm</u>						
3.	<u>mes. KHUSH BOO</u>	<u>39/1</u>	<u>Weight - 59 kg</u>						
4.	<u>DEWANMAN.</u>		<u>LMP - 22/03/25</u>						
5.			<u>DOB - 28/08/1985</u>						
			<u>MOBO - 8827473224</u>						

* Note Attached Clinical Report If Required

PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Abhishek Dhangra

Sample collection date :

Vial ID : B2605409

Date of Birth (Day/Month/Year) :

Weight (Kg) : 59

L.M.P. (Day/Month/Year) : 22/03/25 22/03/2025

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 05/05/2025

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 : [Signature]

Centre

COMPLEX, TILAK NAGAR MAIN ROAD, BRASPUK (C.G.) 495001

Regn No. CGMC/883/2007

Dr. (Mrs) Shailaja Ghosh

Sonologist, MBBS, FCGP, MIFUMB CBT

PCPNDR REG No BILA1019

Ph No 07752 409337

Mobile No 97768 07744

NAME: SMT. KHUSHBU DEWANGAN

AGE/SEX: 39YRS/F

REF. BY: DR. MRS. J. DEB

DATE: 10/05/2025

LMP: 22/03/2025

EDD: 27/12/2025

LMP GUIDED GA: 7 WEEKS

INDICATION: (NOTE: CONFIRM CONCEPTION AND VIABILITY)

REAL-TIME B-MODE PELVIC (T.A.S.T.V.S) SCANNING REVEALS

RETROVERTED GRAVID UTERUS IN MIDLINE MEASURING 9.6CM X 4.2CM X 6.1CM
MYOMETRIAL ECHOES ARE HOMOGENOUS

A SINGLE GESTATIONAL SAC IS SEEN IN INTRAUTERINE LOCATION
IT HAS FAIRLY WELL-DEFINED OUTLINE AND REGULAR MARGINS
MEAN SAC DIAMETER IS 2.05 CM, CORRESPONDING TO 6.6 WEEKS GESTATION.
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.
TURGIDITY OF THE SAC IS WELL MAINTAINED

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR: 158/MIN. REGULAR.
CRL IS 1.17 CM CORRESPONDING TO 7.2 WEEKS GESTATION.

CHORIO-DECIDUAL REACTION APPEARED ADEQUATE.
THERE IS NO F/O SUB-CHORIONIC COLLECTION AT THE TIME OF EXAMINATION.

CERVIX UTERI IS 3.6 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS

LEFT OVARY REVEALS A SMALL CYST MEASURING 1.49 CM (VOLUME: 1.75 CC)
WITH MINIMAL PERIPHERAL VASCULARITY ON DOPPLER. S/O CORPUS LUTEUM.

NO FREE FLUID SEEN IN PELVIC CAVITY.
NO ADNEXAL MASS SEEN ON EITHER SIDE.

MATERNAL ABDOMINAL SCANNING REVEALS NORMAL SIZED LIVER, GALL-BLADDER, KIDNEYS,
PANCREAS AND SPLEEN. NO FREE FLUID OR ABDOMINAL LYMPHADENOPATHY VISUALISED.
NO EVIDENCE OF OBSTRUCTIVE UROPATHY SEEN ON EITHER SIDE.

USG GUIDED EDD: 27/12/2025.

IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.

CGA: ~7 WEEKS.

2) LEFT OVARY CORPUS LUTEUM NOTED.

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY
AND NT/NB SCAN.....15/06/2025 TO 29/06/2025).**

**I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON
MRS. KHUSHBU DEWANGAN, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER
FOETUS TO ANYBODY IN ANY MANNER.**

**DR. SHAILAJA GHOSH
(SONOLOGIST)**

- **THANKS FOR REFERENCE**
- **PRE-NATAL SEX-DETERMINATION TEST IS NOT DONE HERE.**

Dr. Sh
MBBS, F
Con
Reg
PUN