



**Requisition form for Prenatal Screening**

Bill on **Kiran Hospital**

Sample Collection date: **19/01/2024** am/pm  
Sample Collected By: \_\_\_\_\_

**Patient Details:**

Name: **Akshata / Shaxana Ppa**  
Address: **Hydrabadda**  
City: **Hydrabadda** State: **Karnataka**  
DOB: **01/01/2000** Height: **43** .kg  
Ethnicity: South Asian  East Asian  African  Other  Smoking status  Yes  No

**Requesters Information:**

Name of Hospital/Collection Centre: **Kiran Hospital**  
City: **Hydrabadda**  
Name of Ordering Physician: **Dr M. S. Yadwar**  
Name of Sonographer: **Dr Pooveen J. K**  
FMF code (if available): \_\_\_\_\_

**Pregnancy Details:**

LMP: **19/02/2023** USG/Corr EDD: **15/01/2024**  
LMP certainty: Regular  Irregular  Unknown   
Obstetric History:  
Parity (pregnancy at ≥24 weeks): **01** Gravida **03** Abortion **01** Live **01**  
Details of last pregnancy at ≥ 24 weeks  
PE: Yes  No  Date of delivery: \_\_\_\_\_  
GA at delivery: \_\_\_\_\_ Weeks \_\_\_\_\_ Days

**Present pregnancy:**

Singleton  Twin  Vanishing Twin   
Type of Conception: Natural  Assisted  Ovulation drugs   
If assisted reproduction, kindly mention the type of procedure: \_\_\_\_\_  
Extraction date: \_\_\_\_\_ Transfer date: \_\_\_\_\_  
Egg source: Self/ donor. If donor, then donor's age/DOB: \_\_\_\_\_ Type 1  Type 2   
Diabetes: Yes  If Yes, Type: Gestational  Type 1  Type 2   
Treatment method: No treatment / Insulin / Metformin / Insulin+Metformin / Diet Control  
If on Insulin, Insulin start date: \_\_\_\_\_  
Patient on hCG: Yes  No  If yes, latest date of hCG intake: \_\_\_\_\_  
Bleeding/Spotting in last two weeks: Yes  No

**Previous pregnancy History:**

History of Down Syndrome: Yes  No  Edwards' Syndrome: Yes  No  Patau Syndrome: Yes  No  ONTD: Yes  No   
History of Systemic Lupus Erythematosus: Yes  No  History of Anti Phospholipid Syndrome (APLA): Yes  No   
Patient Consent: I have read & understood Test Requisition Form for Prenatal screening & Pre-eclampsia. I consent that my sample shall be the sole exclusive property of LILAC INSIGHTS PVT LTD & I transfer all my sample rights to LILAC INSIGHTS for its research and/or commercial use. I agree to be contacted by Lilac Insights for information regarding their tests and updates.

**Ultrasound History**

First trimester ultrasound details  
USG date: **10/01/2024**  
CRL: **70.2** mm NT: **1.7** mm  
NB: Present  Absent

**Twin pregnancy ultrasound details**

USG date: \_\_\_\_\_ DCDA  MCDA  MCMA   
Twin A Present  Absent   
Twin B Present  Absent   
CRL: \_\_\_\_\_ mm NT: \_\_\_\_\_ mm NB: \_\_\_\_\_

**Second trimester ultrasound details**

USG date: \_\_\_\_\_ BPD: \_\_\_\_\_ mm  
FL: \_\_\_\_\_ mm  
HC: \_\_\_\_\_ mm

**TEST REQUESTED**

**First trimester Screening (FTS)**  
(10 weeks to 13.6 weeks)

- Combined First Trimester Screening
- First Trimester Screening + Pre-eclampsia (without PIGF)
- First Trimester Screening + Pre-eclampsia (with PIGF)
- Early Biochemistry
- Only Biochemistry values
- Biochemistry Only
- First Trimester Enhanced
- First Trimester Enhanced + Pre-eclampsia (with PIGF)

**Second trimester Screening (STS)**  
(15 weeks to 21.6 weeks)  
*STS cannot be performed in twin pregnancy*

- Triple marker test
- Quadruple marker test
- Quadruple- Integrated Screening
- NT+ Free β-hCG + PAPP-A
- NT+ Free β-hCG + PAPP-A + MAP + UAD
- NT+ Free β-hCG + PAPP-A + AFP + PIGF
- Free β-hCG + PAPP-A + AFP + PIGF
- Free β-hCG + PAPP-A + AFP + PIGF + MAP + UAD
- Free β-hCG + AFP + uE3
- Free β-hCG + AFP + uE3 + Inhibin A
- NT + PAPP-A + Free β-hCG + AFP + uE3 + Inhibin A

**Pre-eclampsia Screening**  
(PIGF + PAPP-A + MAP + UAD)

**Pre-eclampsia and Fetal Growth Restriction:**

Blood pressure (BP) history BP measurement date: \_\_\_\_\_

Markers	Left arm		Right arm	
	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP
Blood pressure (mm/Hg)				
First reading			120	80
Second reading				

*The difference should not be more than 10 mm/Hg in first and second reading*

Family History of Pre-eclampsia: Not Known  No  Patient  Mother   
Chronic Hypertension: Not known  No  Medication  Untreated   
Uterine Artery pulsative index (UAD-PI): Right PI: \_\_\_\_\_ Left PI: \_\_\_\_\_ (ua doppler acceptable range: 0.4 - 4)  
Previous small baby: Yes  No

**Thalassaemia Screening**

Thalassaemia (HPLC) Iron Therapy - Yes/No (Kindly send CBC/DOC, Blood transfusion History)

**Important:** 1) This form has to be completely filled up for us to process the sample. 2) Sample(s) accepted are subject to verification at our Laboratory. If sample found unfit for processing, the healthcare professional will be notified. 3) Kindly attach relevant copy(s) of diagnostic report(s).

Signature of the Patient: \_\_\_\_\_ Signature of Ordering Physician: \_\_\_\_\_

BAR CODE STICKER

11877

Dir. of Justice Training

11877

11877

11877

11877

11877

11877

11877