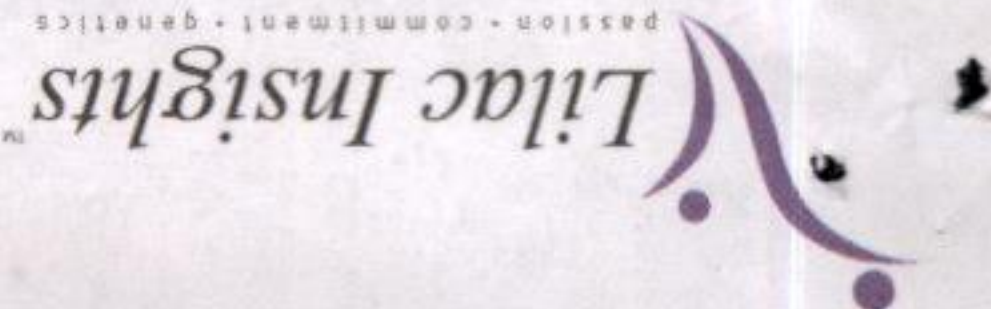


Sample Collection date: **23052024** Sample Collection time: _____ am/pm
 Sample Collection from: **Neofia Gafusol HealthCare Center** Collected By: _____

Requisition form for Prenatal Screening

Office No-301 & 302, Rupa Software Premises C.S. Ltd.
 Sector-1, Building No-A-1, Millennium Business Park,
 MIDC Mahape, Navi Mumbai-400710
 T: +91 22 4184 1438 F: +91 22 4184 1448



Patient Details:

Name: **PRITYANAKA RAYA**
 Address: _____
 City: _____ State: _____ Pin Code: _____
 Email ID: _____
 Hospital ID: _____
 DOB: **26041996** Weight: **47** kg Height: **4'9"** m
 Ethnicity: South Asian East Asian Caucasian African Other Smoking status:

Requesters Information:

Name of Hospital/Collection Centre: **Neofia Gafusol HealthCare Center**
 City: **Siliguri**
 Name of Ordering Physician: **DR. BIJAN PATUA**
 Name of Sonographer: **DR. AVINASH BORAH**
 FMF code (if available): _____

Pregnancy Details:

LMP: **29022024** USG/Corr EDD: **03122024**
 LMP certainty: Regular Irregular Unknown
 Obstetric History: Parity (pregnancy at ≥24 weeks) Gravida Abortion Live
 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: _____
 Diabetes: Yes No 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

Ultrasound History

First trimester ultrasound details
 USG date: **23052024**
 CRL: **57** mm NT: **1.0** mm
 NB: Present Absent

Twin pregnancy ultrasound details			
USG date	DCDA	MCDA	MCMA
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Twin A	Twin B	
CRL	_____ mm	_____ mm	
NT	_____ mm	_____ mm	
NB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Present	Absent	Present

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
 - Free β-hCG + PAPP-A
 - Free β-hCG + PAPP-A + AFP + PIGF
 - Free β-hCG + PAPP-A + AFP + PIGF + MAP + UAD
 - NT + Free β-hCG + PAPP-A + AFP + PIGF + MAP + UAD
 - Free β-hCG + AFP + UE3
 - Free β-hCG + AFP + UE3 + Inhibin A
 - Free β-hCG + AFP + UE3 + Inhibin A

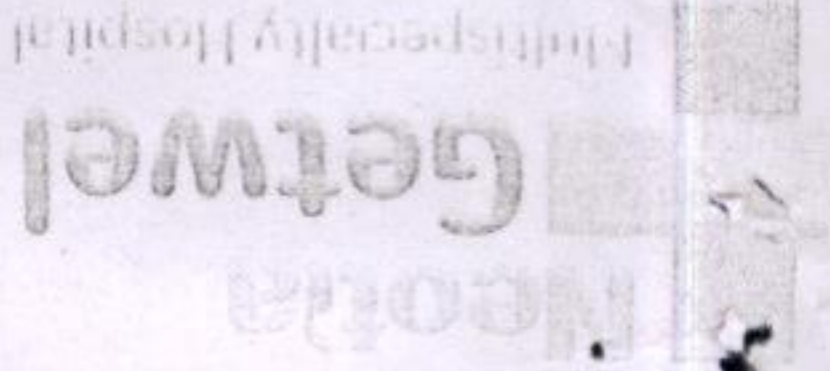
Pre-eclampsia Screening (PIGF + PAPP-A + MAP + UAD)
Pre-eclampsia and Fetal Growth Restriction: Blood pressure (BP) history BP measurement date: _____
 Markers: Left arm Systolic BP _____ Diastolic BP _____ Right arm Systolic BP _____ Diastolic BP _____ MAP _____

Thalassemia Screening Thalassemia (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(ies) of diagnostic report(s).
 Signature of the Patient: _____ Signature of Ordering Physician: _____
 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 _____ (use doppler acceptable range: 0.4 - 4)
 Previous small baby: Yes No



For Lilac Insights
 PAPP-A:
 β-hCG:
 AFP:
 PIGF:
 UE3:
 Inhibin A:
 sFlt-1:

Patent Consent: I have read & understood the Requisition Form for Prenatal Screening & Pre-eclampsia. I consent that my sample shall be the sole exclusive property of LILAC INSIGHTS PVT LTD & 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.



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 E writeous.sig@neotiahealthcare.com | W www.neotiagetwelsiliguri.com
 A unit of Ambuja Neotia Healthcare Venture Limited
 Regd. Office : Vishwakarma | 86C Topsia Road (S) | Kolkata 700046

Cath Lab • Echocardiography • E.C.G • T.M.T • Holter • PFT • Pathology • Digital X-Ray • Ultrasonography
 CT Scan Multi Slice • MRI 1.5 Tesla • Radiology Reporting Under PAC System • EEG • EMG • NCV • Dental
 Uroflometry • Endoscopy • Colonoscopy

RADIOLOGY REPORT

Patient Name : Miss. PRIYANAKA RAYA
 Age/Sex : 27Y/F
 MRN : UID110000308012
 Procedure Date : 23.05.2024
 Requested By :
 Order From :
 Report Date & Time : 23-05-2024 09:50:08

HT - 4.9
 WT - 47kg
 D.O.B → 26/01/1996
 Dr. BIJAN PATUA
 : OPD

ULTRASOUND OF EARLY PREGNANCY

LMP	29.02.2024	EDD BY LMP	05.12.2024	GA BY LMP	12 weeks 0 day
		EDD BY USG	03.12.2024	GA BY USG	12 weeks 2 days

UTERUS:
 A smooth gestational sac is seen in utero (fundus) with a live embryo, having regular cardiac activity. Desidual reaction is all around. No subdesidual collection is seen.
 Placenta is located in anterior wall of uterus.
 Grade I maturity.
 CRL measures 5.7 cm, corresponding to 12 weeks 2 days.
 FHR : 165 bpm.
 Internal Os is closed. Cervix measures 4.6 cm.

Nuchal translucency	1.0 mm
Nasal bone length	2.66 mm
Normal antegrade flow seen in ductus venosus.	

No free fluid is seen in POD.

IMPRESSION:

➤ Early pregnancy with a live embryo corresponding to 12 weeks 2 days of gestational age.

Please correlate clinically.

In case of any discrepancy in report due to machine or typing error kindly get it rectified immediately.
 * This is a digitally signed valid document.

Dr. Avinash Borah
 MD (RADIO-DIAGNOSIS),
 Reg.:WBM77519
 CONSULTANT RADIOLOGIST

MRN: LID118000308012 Name: Miss PRIYANAKA RAYA Date: Apr 25, 2024 12:38 PM

Doctor Name: Dr. Bijan Patra MBBS, MS

LAB TESTS:

<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> LFT	<input checked="" type="checkbox"/> Glucose PK (Fasting)	<input type="checkbox"/> Lipid Profile
<input type="checkbox"/> Urea	<input checked="" type="checkbox"/> T3, T4, TSH, FT4	<input type="checkbox"/> Glucose R	<input type="checkbox"/> Covid 19 RT-PCR
<input checked="" type="checkbox"/> Creatinine	<input checked="" type="checkbox"/> Urine R/E	<input type="checkbox"/> HbA1C	<input type="checkbox"/> PAP Smear
<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Urine C/S	<input type="checkbox"/> Vit B12	<input checked="" type="checkbox"/> ABO Rh Typing
<input type="checkbox"/> Nit	<input checked="" type="checkbox"/> Glucose F	<input type="checkbox"/> Vit D	<input type="checkbox"/> GTT (75gms of Glucose) (Fasting, 1 Hr, 2 Hr)
<input type="checkbox"/> K+			

IMAGING:

<input type="checkbox"/> X-Ray	<input type="checkbox"/> Other Imaging Advised
<input type="checkbox"/> USS	
<input type="checkbox"/> CT	
<input type="checkbox"/> MRI	

Other Lab Tests Advised: VDRL, Serology


PRESCRIPTION

Adv

- ① Dual marker test + MS, NB, Scan by US
- ② @ 12-13 wks
- ③ Continue same medicines
- ④ Review after 4 wks / 8 wks

Admission Advised: If Yes

Surgery Advised: If Yes

Main: UID110000420423 Name: Dr. SONU RAM
 Doctor Name: Dr. Md Sahab Albar, MS, MCh Date: Apr 25, 2024 11:29 AM
 NGHC/OP/M/M-1/0134
OPD CONSULTATION
 OBSTETRICS & GYNAECOLOGY
 CIN NO: UB5119WB2907PLC1130


IMAGING
 US
 US
 X-R
 X-R
 X-R
 CT
 CT
 CT
 MRI
 MRI
 MRI

Admission: _____
 Surgery Ad: _____
 Pre-Anaesth: _____
 Photograph: _____
 Sr. No. _____

Patient Name: Mrs. PRIYANKA PARYA
 Gender / Age: FEMALE/27 Years
 MRN: UID110000405012
 Address: _____
 Mobile No: 892689435
 Consultation Type: FOLLOW UP
 Consultation Dt: APR 25 2024 12:38 PM
 Designation: Consultant
 Consultation Dept: Obstetrics and gynaecology

VITAL SIGNS (As applicable)
 Pulse (min): 94/min BP: 99/60 mmHg (17)
 Weight (kg): 47.7kg height (cm): _____
 Head Circum: _____ BMT: _____

C/O (Chief Complaints): *fv, reg ch*

Past Medical History: *USG L (25/09/24)*
Past Surgical History: *SLE, POC = 8124*
Drug History: *LA (+), 5 Cam EOB*
Social History: *= 3/12/24*

Obstetric History: *G _____ P _____ A _____ L _____*
Allergic to: _____
Clinical Findings: _____

Family History: *Diabetes _____ HT _____*
Cancer _____