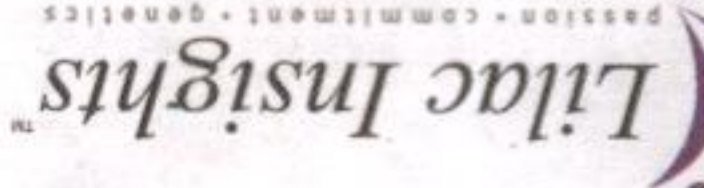


Sample Collection date: **04062024** Sample Collection time: _____ am/pm
 Sample Collection from: _____ Sample Collected By: _____

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: **RINKU KUMARI**

Address: _____

City: **Ramgarh** State: **Jharkhand** Pin Code: _____

Email ID: _____ Hospital ID: _____

DOB: **13031996** Weight: **49.1** kg Height: **5'11"** cm

Ethnicity: South Asian East Asian Caucasian African Other Smoking status: Yes No

Requesters Information:

Name of Hospital/Collection Centre: **Kumar Pathology**
 City: _____
 Name of Ordering Physician: **DR. ARTI DIPTI**
 Name of Sonographer: **DR. ARTI DIPTI**
 FMF code (if available): _____

Pregnancy Details:

LMP: **23022024** USG/Corr EDD: **30042024**
 LMP certainty: Regular Irregular Unknown

Obstetric History:

Parity (pregnancy at ≥24 weeks): **0** Gravida: **3** Abortion: **1** Live: **1**
 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, 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: _____

CRL: _____ mm NT: _____ mm

NB: Present Absent

Twin pregnancy ultrasound details

USG date: _____

DCDA MCDA MCMA

CRL: _____ mm Twin A: _____ mm Twin B: _____ mm

NB: Present Absent

Second trimester ultrasound details

USG date: **26052024**

BPD: **22.5** mm

FL: **14.6** mm

HC: **99.1** mm

08 JUN 2024

Important - USG report is mandatory to avoid discrepancies in the information through human error or missing out some important findings other than basic parameters required to perform the test.

TEST REQUESTED

First Trimester Screening (FTS) (10 weeks to 13 weeks 6 days)

- EVICO Duo : Dual Marker
- EVICO Duo Plus : Dual Marker with Macrosonia
- EVICO Duo PE : Dual Marker with Macrosonia & PE
- EVICO Duo PE+ : Dual Marker with Macrosonia, SGAI/UGR & PE (with PLGF)
- EVICO FT Enhanced PE : Enhanced FTS with SGAI/UGR, Macrosonia & PE
- Only Biochemical Values

Second Trimester Screening (STS) (15 weeks to 21 weeks 6 days)

- STS cannot be performed in twin pregnancy
- EVICO Quad : Quadruple Marker Test
- EVICO Trio : Triple Marker Test
- Integrated Screening

Pre-eclampsia Prognosis (After 20 weeks)

- EVICO PE-Pro (sFlt-1/PIGF Ratio)

Fill this section for Pre-eclampsia screening:

BP measurement date: _____

Markers	Left arm		Right arm		MAP
	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP	
First reading					
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

Thalassemia Screening

Hb-HPLC Test Iron Therapy- Yes No

Blood Transfusion History- Yes No

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: _____



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

डॉ. आरती दीप्ति

एम.बी.बी.एस (डी.एम.सी.एच.)

डी.जी.ओ. (कल.)

पी.जी.डी.एम.सी.एच. (एस)

स्त्री एवं प्रसूति रोग

Date: 26/5/24

9835724906 w/o Abhishek Kumar

Patient Name Rinku Kumari Address Thama Chok

LMP 03/12/23 EDD 30/11/24

WEIGHT 49.1 kg BP 100/60 Pulse 92 SpO2 99% Pallor Icterus Oedema Cynosis Clubbing

F/H

P/H

CHEST

CVS

बच्चे के शरीर पर खाने से, पूरा शरीर पर खाने से प्रतिक्रिया

30 दिन तक मरना है।

UPRIL HLL HLL HLL

UPRIL HLL HLL HLL

UPRIL HLL HLL HLL

UPRIL HLL HLL HLL

UPRIL HLL HLL HLL

UPRIL HLL HLL HLL

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UPRIL HLL HLL HLL

Mob.: 99315-32156, 80028-35198

रामगढ़ कैन्सर

लोक अस्पताल के सामने

नारायणी सेवा सदन

Blue

DOB: 13.03.1996 Hours: 5:11

PGDMCH (S) Obs & Gynae

MBBS (DMCH), DGO (CAL)

Dr. Arti Dipti

INVESTIGATIONS

Hb %

CBC

ABO + Rh

T2+T4+TSH

TSH

BSR

HIV Test

Hbs Ag

VDRL

HCV

MP (Opt/Kit)

ESR

Montoux Test

Blood Urea

Sr. Creatinine

Sr. Bilirubin

SGPT

Sr. Uric Acid

Sr. Electrolyte

R/E of Urine

C/S Urine

UFP

HSE

RA factor

ASO titer

Widal test

CRP

LFT

RFT

Lipid Profile

Sr. LH, FSH

Torch Test

APLA < 1gm

HbA1C

ICT

Sr. Prolactin

USG of Uterus and adnexa

USG of whole abdomen

USG for FWB Anomaly Scan (Level III)

USG for Estimation of GA

USG for Viability of Fetus

USG for Estimation of amount of Liquor amni

Pap smear

CA-125

Evaluate Fetal Presentation & Position

NT Mark test

कौनसे 14 दिनों के लिए माय है।

NARAYANI SEVA SADAN

Near Block Office, Bijulia, Ramgarh Cantt.

DEPARTMENT OF ULTRASONOGRAPHY

Name of patient :- RINKU KUMARI

Address :- THANA CHOWK

Referred by Dr. :- DR. ARTI DIPTI

USG of :- FWB

Real Time Ultrasonography of Uterus performed.

Placenta position :- POSTERIOR LOW LYING

Placenta Maturity Grade :- I

Measurements :-

Parameter	Value	cm which corresponds to
BPD	2.55	14W3D
HC	9.91	14W4D
AC	7.90	14W2D
FL	1.46	14W2D
CRL	8.58	14W3D
GS		cm which corresponds to

Weight :- 95 GM

Cardiac Movements :- Present

Fetal Movements :- Present

LIQUOR :- ADEQUATE

AFI :-

SPINE :- Appear normal

Bladder :- seen

Stomach :- seen

Four Limbs :- seen

Cervix length :- 3.1 CM

Impression :- SINGLE VIABLE FETUS IS SEEN IN BREECH PRESENTATION .

adequate/diminished/ excessive/Nil/in amount

SLVP :-

NT :- 1.7 MM
NB :- SEEN

GA :- 14W3D

FHR :- 153 bpm

Presentation :- BREECH

USG EDD :- 21/11/2024

EDD :- 30/11/2024

LMP :- 23/02/2024

Date :- 26/05/2024

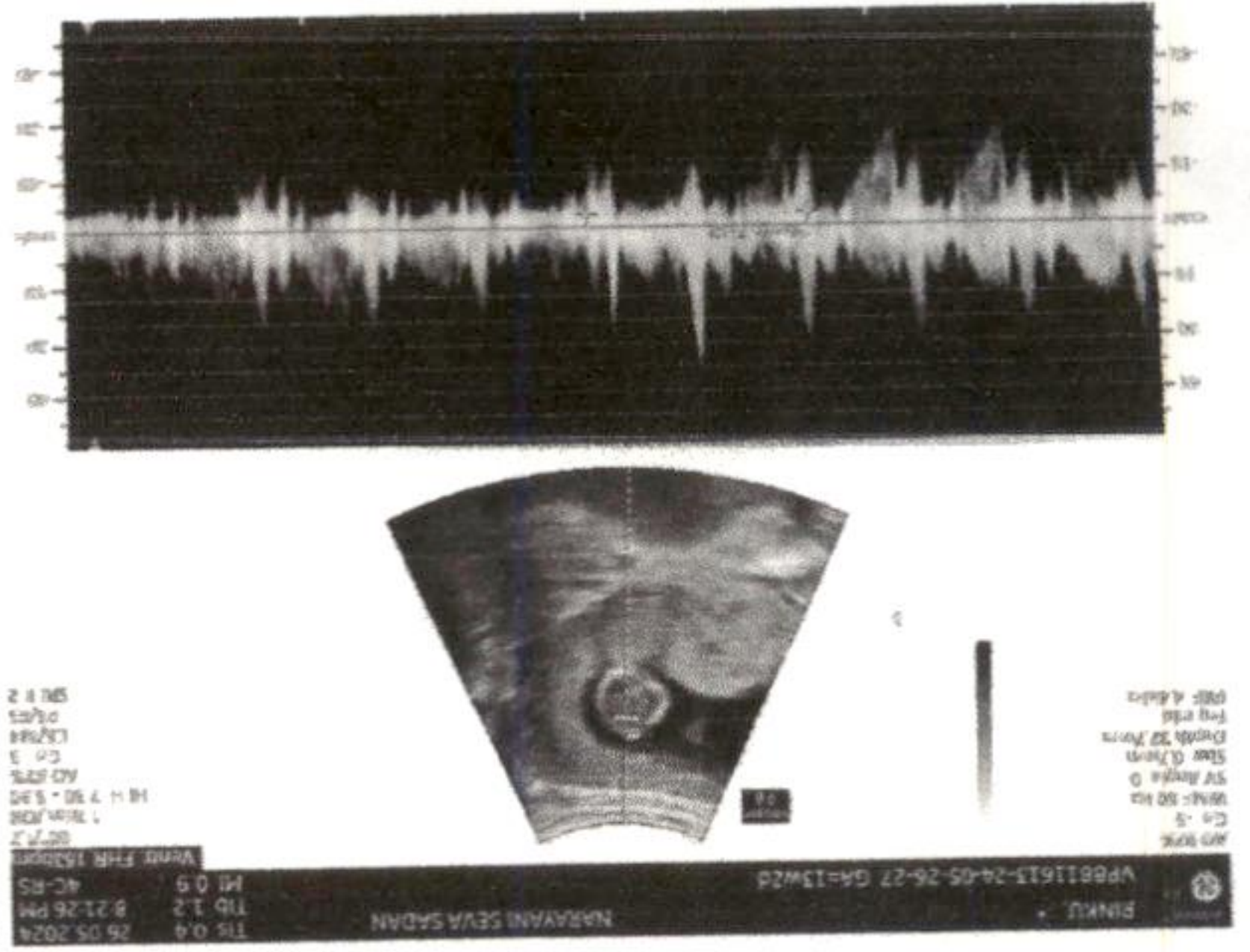
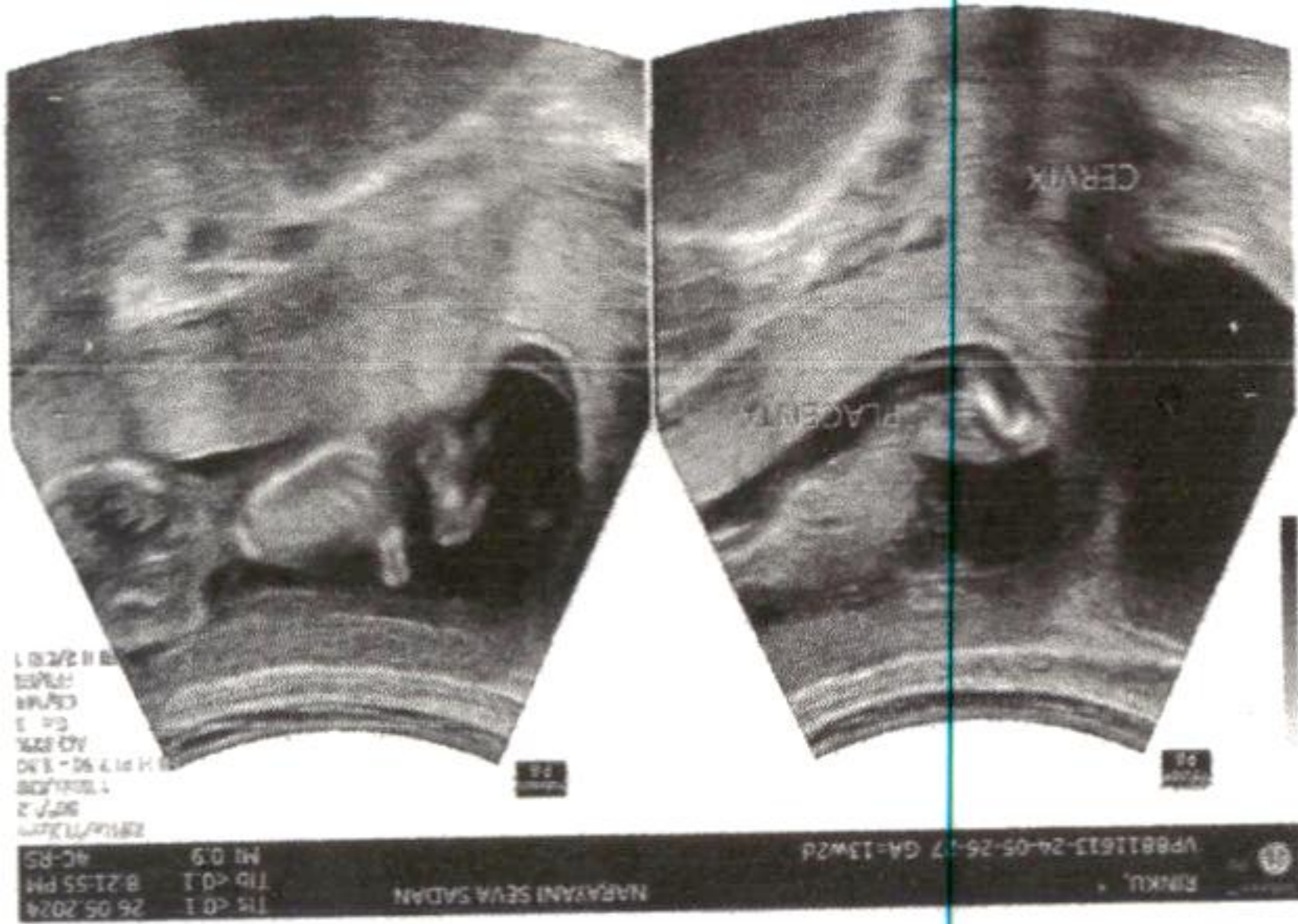
Age :- 27

Note :- Accuracy of Sonography Prediction is 80% Please correlate clinically and with other investigations.

I Dr. ARTI DIPTI declare that while conduction USG of Mrs. RINKU KUMARI . " I have neither

detected nor disclosed the sex of fetus to anyone in any manner ."

Signature of Sonologist



FL/BL	FL/BL	FL/BL	FL/BL
NT	1.78 mm	1.78 mm	1.78 mm
PL (Headlock)	1.58 cm	1.58 cm	1.58 cm
PI (Headlock)	1.45 cm	1.45 cm	1.45 cm
AC (Headlock)	1.90 cm	1.90 cm	1.90 cm
HC (Headlock)	9.55 cm	9.55 cm	9.55 cm
HC (Headlock)	9.91 cm	9.91 cm	9.91 cm
OPD (HCC)	1.40 cm	1.40 cm	1.40 cm
OPD (Headlock)	2.55 cm	2.55 cm	2.55 cm

LMP: 23.02.2024
 GALLUMI: 13W2d
 EDOLMFI: 29.11.2024
 EDOLMFI: 21.11.2024
 P: Ab
 EC:

