

Sample Collection date: 05062024
 Sample Collection time: am/pm
 Sample Collection from: _____
 Sample Collected By: _____

Requisition form for Prenatal Screening

Patient Details:

Name: R. PRANAVI
 Address: 382/A - EMPLOYEES COLONY, MANJIKONDRA
 Pincode: 500089
 City: HYDERABAD State: TELANGANA
 Email ID: krayy228@gmail.com Hosp. ID: _____
 DOB: 27021996 Weight: 74 kg Height: 5.3 feet
 Ethnicity: South Asian East Asian Caucasian African Other Smoking status: Yes No

Requesters Information:

Name of Hospital/Collection Centre: KASTURBA HOSPITAL & IMF CENTER
 City: SECUNDERABAD
 Name of Ordering Physician: DR. KALPANA A.M
 Name of Sonographer: DR. KALPANA.M
 FMI code (if available): 123257

Pregnancy Details:

LMP: 17022024 USG/Corr EDD: [] [] [] [] [] [] [] [] [] []
 LMP certainty: Regular Irregular Unknown
 Obstetric History: Parity (pregnancy at ≥24 weeks) [] Gravida 3 Abortion 2 Live 0.

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

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.

Ultrasound History

First trimester ultrasound details
 USG date: 04062024
 CRL: 30 mm NT: 1.8 mm
 NB: Present Absent

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

Second trimester ultrasound details
 USG date: [] [] [] [] [] [] [] [] [] []
 BPD: _____ mm
 FL: _____ mm
 HC: _____ mm
 06 JUN 2024

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

1. Combined First Trimester Screening
2. First Trimester Screening + Pre-eclampsia (without PIGF)
3. First Trimester Screening+ Pre-eclampsia (with PIGF)
4. Early Biochemistry
5. Only Biochemistry values
6. Biochemistry Only
7. First Trimester Enhanced
8. First Trimester Enhanced + Pre-eclampsia (with PIGF)

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

9. Triple marker test
10. Quadruple marker test
11. Quadruple- Integrated Screening
1. NT + Free β-HCG + PAPP-A
2. NT + Free β-HCG + PAPP-A + MAP + UAD
3. NT + Free β-HCG + PAPP-A + PIGF + MAP + UAD
4. Free β-HCG + PAPP-A
5. Free β-HCG + PAPP-A
6. Free β-HCG + PAPP-A
7. Free β-HCG + PAPP-A + AFP + PIGF
8. Free β-HCG + PAPP-A + AFP + PIGF + MAP + UAD
9. Free β-HCG + AFP + UE3
10. Free β-HCG + AFP + UE3 + Inhibin A
11. NT + PAPP-A + Free β-HCG + AFP + UE3 + Inhibin A

TEST REQUESTED

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

Pre-eclampsia Prognosis
 EVICO PE-Pro (SFlt-1/PIGF Ratio)
 EVICO PE-Pro (SFlt-1/PIGF Ratio) **Priority**

Pre-eclampsia and Fetal Growth Restriction:
 Blood pressure (BP) history BP measurement date: 04062024

Markers	Left arm		Right arm		MAP
	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP	
Blood pressure (mm/Hg)	<u>100</u>	<u>80</u>	<u>100</u>	<u>70</u>	
First reading	<u>100</u>	<u>80</u>	<u>100</u>	<u>70</u>	
Second reading	<u>100</u>	<u>80</u>	<u>100</u>	<u>70</u>	

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 0.9 Left PI 1.9 (via doppler acceptable range: 0.4 - 4)
 Previous small baby: Yes No

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(s) of diagnostic report(s).

Signature of the Patient: A. P. Ramani
 Signature of Ordering Physician: _____

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Barcode: 24700002820
 For Lilac Insights
 PAPP-A:
 β-hCG:
 AFP:
 PIGF:
 UE3:
 Inhibin A:
 SFlt-1:

OB - First Trimester Scan Report

Patient name		Mrs. PRANAVI R VINAY KUMAR.L	
Patient ID		3365	
Referred by		Dr. KALPANAM	
LMP Date	17/02/2024	LMP-EBD-23/11/2024(15W 3D) C-EBD: 07/12/2024(13W 3D)	
Age/Sex	27 Years / Female	Visit No	6
Visit Date	04/06/2024		



Indication(s)

First trimester scan

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 4.00 cms in length.

Right uterine PI : 0.9.

Left uterine PI : 1.9.

Mean PI : 1.40 (38%ile)

Fetus

Biometry

CRL - 70 mm(13W 4D)

BPD - 24 mm(12W 3D)

HC - 84.86 mm(12W 5D)

AC - 66 mm(12W 4D)

FL - 9.3 mm(12W 3D)

Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 1.6 mm NORMAL

Ductus venosus : normal flow.

Tricuspid regurgitation : No tricuspid regurgitation.

Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal.

Extremities: normal

Head: Both lateral ventricles seen.

Impression

Single intrauterine gestation corresponding to a gestational age of 13 Weeks 3 Days

Gestational age assessed as per biometry (CRL) on 17/04/2024

Menses last seen 15 Weeks 3 Days

FMF ID 123257

Dr. Kalpana.M
DNB OBGYN

I Dr. Kalpana.M declared that while conducting the ultrasonography / image scanning of Mrs. Pranavi, neither detected nor disclosed the fetal gender to anybody in any manner.
Note : Assessment of fetal anomalies depends on fetal position, liquor volume and period of gestation at the time of scan, hence all anomalies cannot be excluded by ultrasonography

SUGGESTED ROUTINE COMBINED SCREENING (DOUBLE MARKER TEST)

NT NORMAL
NASAL BONE SEEN
UTERINE ARTERY DOPPLERS NORMAL

Corrected EDD 07-12-2024

Patient name	Mrs. PRANAVI.R VINAY KUMAR.L
Patient ID	3365
Referred by	Dr. KALPANA.M
LMP Date	17/02/2024
Visit Date	04/06/2024
Visit No	6
Age/Sex	27 Years / Female
C-EDD: 07/12/2024 [13W 3D] C-EDD: 07/12/2024 [15W 3D] C-EDD: 07/12/2024 [15W 3D]	