Sample Collection date: 17042023 Sample Collection time: :  am/pm

Sample Collection from: Sample Collected By:

# Requisition form for Prenatal Screening

Bill on web Gulbarga

Lilac Insights™ passion · commitment · genetics
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## Patient Details:

Name: Manisha

Address: Gulbarga

Pincode:

City: Gulbarga State: Karnataka

8971504263

Email ID: Hosp. ID:

DOB: 05 02 2000 Weight: 62 kg Height: 159 cm

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

## Requesters Information:

Name of Hospital/ Collection Centre: Bende Hospital

City: Gulbarga

Name of Ordering Physician: Dr Madhusa Bende

Name of Sonographer: Dr Madhusa Bende

FMF code *(if available)*

## Pregnancy Details:

LMP: 10 01 2023 USG/Corr EDD: 22 10 2023

LMP certainty: Regular ✓ Irregular Unknown

**Obstetric History:**

Parity (pregnancy at ≥24 weeks): 01 Gravida: 02 Abortion: 0 Live: 01

**Details of last pregnancy at ≥ 24 weeks**

PE: Yes No ✓ Fruit twin Date of delivery: 20092020

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 ✓ 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 ✓

## Ultrasound History

**First trimester ultrasound details**

USG date: 17 04 2023

CRL: 7.00 mm NT: 0.3 mm

NB: Present ✓ Absent

**Twin pregnancy ultrasound details**

USG date: D D M M Y Y Y Y

DCDA MCDA MCMA

| | Twin A | Twin B |
|---|---|---|
| CRL | ____ mm | ____ mm |
| NT | ____ mm | ____ mm |
| NB | Present Absent | Present Absent |

**Second trimester ultrasound details**

USG date: D D M M Y Y Y Y

BPD ____ mm

FL ____ mm

HC ____ mm

## TEST REQUESTED

### 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

**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: D D M M Y Y Y Y

| Markers | Left arm | | Right arm | | MAP |
|---|---|---|---|---|---|
| Blood pressure (mm/Hg) | Systolic BP | Diastolic BP | Systolic BP | Diastolic BP | |
| 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

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

**For Lilac Insights**

PAPP-A:

β-hCG:

AFP:

PIGF:

uE3:

Inhibin A:

sFlt-1:

*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: .....

*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.*

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