

Narayana Hospital Requisition form for Prenatal Screening

Office No-301
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Sample Collection date: Sample Collection time: _____ am/pm
Sample Collection from: _____ Sample Collected By: _____

Patient Details:
 Name: Sourthiri Ban
 Address: Krishnagar, Tamilnadu
 City: Krishnagar State: Tamilnadu
 Pin: 61994868141
 Email ID: _____
 DOB: 28062000 Weight: 47.2 kg Height: 160 cm
 Ethnicity: South Asian East Asian Caucasian African Other Smoking status: Yes No

Ultrasound History
 First trimester ultrasound details
 USG date: 13/11/2023
 CRL: 6.27 mm NT: 1.5 mm
 NB: Present Absent

Twin pregnancy ultrasound details
 USG date:
 DCDA MCDA MCMA

	Twin A	Twin B
CRL	_____ mm	_____ mm
NT	_____ mm	_____ mm
NB	<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent

Second trimester ultrasound details
 USG date:
 BPD: _____ mm
 FL: _____ mm
 HC: _____ mm

Requesters Information:
 Name of Hospital/Collection Centre: MSMC
 City: BANGALORE
 Name of Ordering Physician: DR KIRANMAYI
 Name of Sonographer: DR. SONALI RAO
 FMF code (if available): _____

Pregnancy Details:
 LMP: 15092023 USG/Corr EDD: 22052024
 LMP certainty: Regular Irregular Unknown

Obstetric History:
 Parity (pregnancy at ≥24 weeks) Gravida 1 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

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

15 NOV 2023

F-TS PE

TEST REQUESTED

First trimester Screening (FTS) (10 weeks to 13.6 weeks)	Second trimester Screening (STS) (15 weeks to 21.6 weeks) <i>STS cannot be performed in twin pregnancy</i>
1. Combined First Trimester Screening <input type="checkbox"/> 2. First Trimester Screening + Pre-eclampsia (without PIGF) <input checked="" type="checkbox"/> 3. First Trimester Screening+ Pre-eclampsia (with PIGF) <input type="checkbox"/> 4. Early Biochemistry <input type="checkbox"/> 5. Only Biochemistry values <input type="checkbox"/> 6. Biochemistry Only <input type="checkbox"/> 7. First Trimester Enhanced <input type="checkbox"/> 8. First Trimester Enhanced + Pre-eclampsia (with PIGF) <input type="checkbox"/>	9. Triple marker test <input type="checkbox"/> 10. Quadruple marker test <input type="checkbox"/> 11. Quadruple- Integrated Screening <input type="checkbox"/> 1. NT+ Free β-hCG + PAPP-A <input type="checkbox"/> 2. NT+ Free β-hCG + PAPP-A + MAP + UAD <input type="checkbox"/> 3. NT+ Free β-hCG + PAPP-A + PIGF + MAP + UAD <input type="checkbox"/> 4. Free β-hCG + PAPP-A <input type="checkbox"/> 5. Free β-hCG + PAPP-A <input type="checkbox"/> 6. Free β-hCG + PAPP-A <input type="checkbox"/> 7. Free β-hCG + PAPP-A + AFP + PIGF <input type="checkbox"/> 8. Free β-hCG + PAPP-A + AFP + PIGF + MAP + UAD <input type="checkbox"/> 9. Free β-hCG + AFP + uE3 <input type="checkbox"/> 10. Free β-hCG + AFP + uE3 + Inhibin A <input type="checkbox"/> 11. NT + PAPP-A + Free β-hCG + AFP + uE3 + Inhibin A <input type="checkbox"/>

Pre-eclampsia Screening (PIGF + PAPP-A + MAP + UAD)
Pre-eclampsia Prognosis
 EVICO PE-Pro (sFit-1/PIGF Ratio)
 EVICO PE-Pro (sFit-1/PIGF Ratio) Priority

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

Markers	Left arm		Right arm		MAP
	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP	
Blood pressure (mm/Hg)					
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 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: Sourthiri Signature of Ordering Physician: Dr. Karanmayi



For Lilac Insights
 PAPP-A:
 β-hCG:
 AFP:
 PIGF:
 uE3:
 Inhibin A:
 sFit-1:

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.