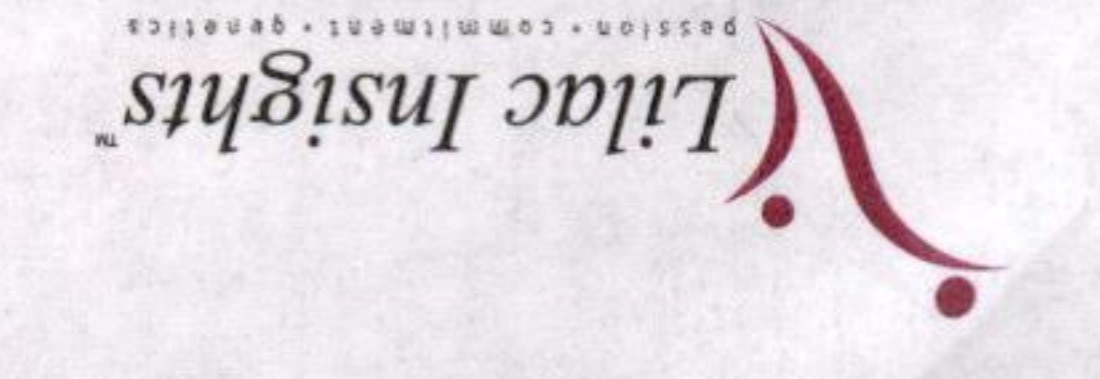


Sample Collection date: 01/06/2024 Sample Collection time: _____ am/pm
 Sample Collection from: _____ Sample Collected By: _____

Requisition form for Prenatal Screening

Office No-301 & 302, Rupa Solitaire 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: Mohika V.S. Patil
 Address: _____
 Pincode: _____

City: Mumbai State: MAHARASHTRA
 Email ID: _____ Hosp. ID: _____
 DOB: 01/06/1996 Weight: 58.1 kg Height: 167.0 cm
 Ethnicity: South Asian East Asian Caucasian African Other Smoking status: Yes No

Requesters Information:
 Name of Hospital/Collection Centre: APL APLA
 City: Mumbai
 Name of Ordering Physician: Dr. Parvati Patil
 Name of Sonographer: _____
 FMF code (if available): _____

Pregnancy Details:
 LMP: 09/09/2024 USG/Corr EDD: _____
 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: 04/05/2024
 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
Parental 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
 USG date: _____
 BPD: _____ mm
 FL: _____ mm
 HC: _____ mm

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

TEST REQUESTED

First trimester Screening (FTS)
 (10 weeks to 13.6 weeks)
 1. Combined First Trimester Screening
 2. First Trimester Screening + Pre-eclampsia (without PlGF)
 3. First Trimester Screening+ Pre-eclampsia (with PlGF)
 4. Early Biochemistry
 5. Only Biochemistry values
 6. Biochemistry Only
 7. First Trimester Enhanced
 8. First Trimester Enhanced + Pre-eclampsia (with PlGF)

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 + PlGF + 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 + PlGF
 8. Free β -hCG + PAPP-A + AFP + PlGF + 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
 (PlGF + PAPP-A + MAP + UAD)
Pre-eclampsia and Fetal Growth Restriction:
 Blood pressure (BP) history BP measurement date: _____

Pre-eclampsia Prognosis
 EVICO PE-Pro (sFlt-1/PlGF Ratio)
 EVICO PE-Pro (sFlt-1/PlGF Ratio) **Priority**

Markers	Left arm		Right arm		MAP
	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP	
Blood pressure (mm/Hg)	<u>90</u>	<u>70</u>	<u>80</u>	<u>60</u>	
First reading					
Second reading	<u>100</u>	<u>70</u>	<u>90</u>	<u>70</u>	

The difference should not be more than 10 mmHg 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 0.19 Left PI 0.70 (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)

Signature of the Patient: Mohika
Signature of Ordering Physician: Patil
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).



For Lilac Insights
 PAPP-A:
 β -hCG:
 AFP:
 PlGF:
 uE3:
 Inhibin A:
 sFlt-1:

Miri-Piri Chowk, Circular Road, Ambala City. Ph.: 0171-2518857, 87081-33913, 99922-47459

NAME: MRS. MONIKA

AGE: 27Y/F

REF BY: DR. SARIKA BEHL

DATE: 29/05/2024

Obstetrical ultrasound(NTNB)

LMP - 03/03/2024

USG shows single intrauterine pregnancy corresponding to gestational age of 12wks 2d \pm 1 wks by CRL 5.83cm.

Cardiac activity seen.

Heart rate is regular 160bpm.

Breech presentation.

Placenta is anterior.

Nuchal translucency-1.0mm.

Nasal bone seen.

B/L Uterine Artery Doppler: normal uteroplacental blood flow

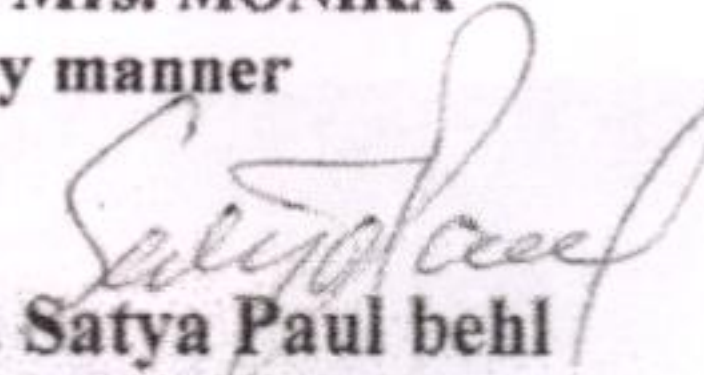
Internal os is closed & cervical length of aprx 3.6cm.

IMPRESSION: Findings are s/o Early single viable intra uterine pregnancy
With normal NTNB.

To be correlated clinically

Declaration:

Dr Satya Paul behl Regd.No. 93 declare that while conducting ultrasonography on Mrs. MONIKA
I have neither detected nor disclosed the sex of the fetus of her fetus to anybody in any manner


Dr. Satya Paul behl
Regd.No. 93

Date of Exam: 29.05.2024 Page: 1/11

KBM ULTRASOUND CENTRE

Name: MONIKA 27YF
 Pat. ID: VS8807489-24-05-29-4

DOB: _____ Sex: Female
 Ref. Phys: _____
 Ref. Phys: _____
 Senior: _____

Indication: _____

LMP: 03.03.2024	GA(LMP): 12w3d	EDD(LMP): 08.12.2024	G: 6	Ab:
DOC:	GA(CUA): 12w2d	EDD(CUA): 09.12.2024	P:	Ec:

EPW (Hadlock)	Value	Range	Age	Range	GP	Hadlock
AC/BPD/FL/HC						N/A

2D Measurements	EFW	Value	m1	m2	m3	Meth.	GP	Age
CRL (Hadlock)		5.83 cm	5.83			avg		31.0% 12w2d

Doppler Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
Ductus Venosus								
S	21.77 cm/s	2A.95	21.77					max
TAmx	22.07 cm/s	17.80	22.07					max
a	7.51 cm/s	0.53	7.51					max
D	18.70 cm/s	18.70	10.59					avg
M		1.15	1.37	0.92				avg
S/d		25.39	47.08	3.70				avg
a/S		0.15	0.02	0.27				avg
PVV		1.61	1.31	1.71				avg
PIJ		0.86	0.98	0.75				max
HR		160 bpm	160	105				

