



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

LIEVTRF1021

Requisition form for Prenatal Screening

Sample Collection date: 01062024 am/pm
 Sample Collection from: _____

Patient Details:

Name: M. Pavani
 Address: Peda Kakani
 City: Guntur State: AP
 Pin: 9966227891
 Email ID: _____
 DOB: 020102002 Weight: _____ kg Height: _____ m
 Ethnicity: South Asian East Asian African Other Smoking status: Yes No

Requesters Information:

Name of Hospital/Collection Centre: Biossoms Chaitanya Hospital
 City: Guntur
 Name of Ordering Physician: Dr. M. Chaitanya
 Name of Sonographer: Dr. M. Chaitanya
 FMF code (if available): _____

Pregnancy Details:

LMP: 29022024 USG/Corr EDD: _____
 LMP certainty: Regular Irregular Unknown

Obstetric History:

Parity (pregnancy at ≥24 weeks): Gravida 9 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:

Extraction date: _____ Transfer date: _____

Egg source:

Self/donor. If donor, then donor's age/DOB: _____ Type 1 Type 2
 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:

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: 01062024
 DCDA MCDA MCMA
 CRL: 74.8 mm NT: 1.1 mm
 NB: Present Absent

Twin pregnancy ultrasound details

USG date: _____
 Twin A: _____ mm
 Twin B: _____ mm
 CRL: _____ mm
 NT: _____ mm
 NB: Present Absent

Second trimester ultrasound details

USG date: _____
 BPD: _____ mm
 FL: _____ mm
 HC: _____ mm

TEST REQUESTED

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

- Combined First Trimester Screening
- First Trimester Screening + Pre-eclampsia (without PIGF)
- First Trimester Screening+ Pre-eclampsia (with PIGF)
- Early Biochemistry
- Only Biochemistry values
- Biochemistry Only
- First Trimester Enhanced
- First Trimester Enhanced + Pre-eclampsia (with PIGF)

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

- Triple marker test
- Quadruple marker test
- Quadruple- Integrated Screening
- Free β-hCG + PAPP-A
- Free β-hCG + PAPP-A + AFP + PIGF
- Free β-hCG + PAPP-A + AFP + PIGF + MAP + UAD
- Free β-hCG + PAPP-A + AFP + uE3
- Free β-hCG + AFP + uE3 + Inhibin A
- Free β-hCG + PAPP-A
- Free β-hCG + PAPP-A + 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: 01062024

Markers	Left arm		Right arm	
	Systolic BP	Diastolic BP	Systolic BP	Diastolic BP
Blood pressure (mm/Hg)	<u>109</u>	<u>67</u>	<u>106</u>	<u>68</u>
First reading	<u>109</u>	<u>67</u>	<u>100</u>	<u>68</u>
Second reading	<u>109</u>	<u>67</u>	<u>100</u>	<u>68</u>

The difference should not be more than 10 mm/Hg in first and second reading

Family History of Pre-eclampsia: Not Known Patient Mother
 Chronic Hypertension: Not known Medication Untreated
 Uterine Artery pulsative index (UAD-PI): Right PI 0.77 Left PI 1.3 (ua doppler acceptable range: 0.4 - 4)
 Previous small baby: Yes No

Thalassemia Screening

Thalassaemia (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: M. Pavani

Signature of Ordering Physician: _____

I agree to be contacted by Lilac Insights for information regarding their tests and updates.

M.Pavani K.Vijay Kumar
 Date of birth: 02 January 2002
 Examination date: 01 June 2024

Address: Peda kakani Guntur
 Hospital no.: BCH16844

Private Tel.: 9966227891
 Referring doctor: Dr.Saritha

Sri krishna multi speciality hospital

History

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).
 Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.
 Maternal weight: 49.0 kg; Height: 153.0 cm.
 Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no.

Conception: spontaneous;
 last period: 29 February 2024

EDD by dates: 05 December 2024

First Trimester Ultrasound

Gestational age: 13 weeks + 2 days from dates
 US system: Voluson S8. View: good.

EDD by scan: 05 December 2024

Findings
 Fetal heart activity visualised
 FHR 159 bpm
 alive fetus

Crown-rump length (CRL) 74.8 mm
 Nuchal translucency (NT) 1.10 mm
 Biparietal diameter (BPD) 24.9 mm
 Head circumference (HC) 85.6 mm
 Abdominal circumference (AC) 71.6 mm
 Femur length (FL) 11.0 mm
 Intracranial translucency present, 3.1 mm
 Ductus Venosus PI 1.09
 Placenta posterior high
 Amniotic fluid normal
 Cord 3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: four chamber and three vessels seen; Abdomen: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery mean PI: 1.060 equivalent to 0.657 MoM
 Mean Arterial Pressure: 79.834 mmHg equivalent to 0.9841 MoM
 Endocervical length: 31.0 mm

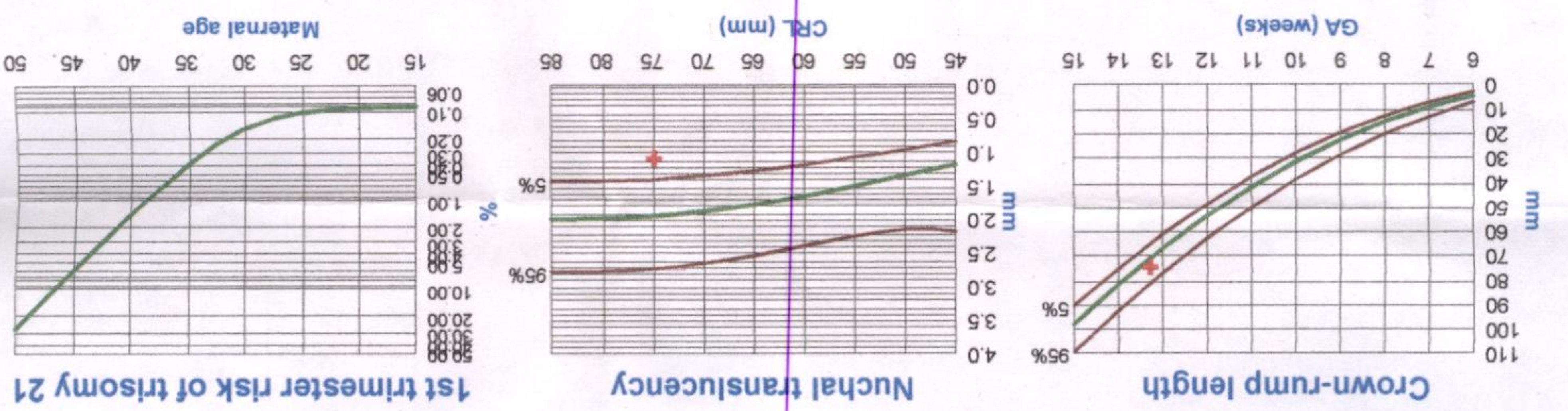
Risk calculation

Patient counselled and consent given.

FMF Operator: malireddy chaitanya, FMF ID: 184808

Preclampsia before 37 weeks 1 in 627
 Fetal growth restriction before 37 weeks 1 in 186
 Spontaneous delivery before 34 weeks 1 in 88

Risks for preclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, mean arterial pressure (MAP) and uterine artery Doppler. The risk of spontaneous delivery before 34 weeks is based on maternal characteristics, obstetric history, and cervical length. Biophysical marker medians used to calculate MoMs are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity. The estimated risk is calculated by the FMF-2018 software (version 4.0) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.org).

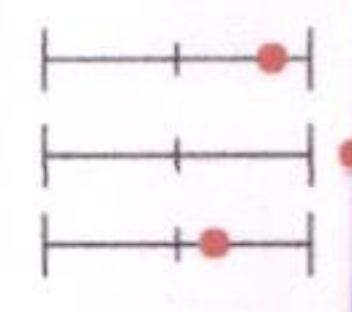


Doppler ultrasound

Uterine artery
 PI left 1.350
 PI right 0.770
 Mean PI 1.060
 RI left 0.70
 RI right 0.50
 Notch no notch
Ductus Venosus
 A-wave positive
 PIV 1.09

Cervical assessment
 Cervical assessment accepted
 Cervix length 31.0 mm
 Funneling no

Diagnosis
 No obvious fetal defects
 Normal cervical length and uterine artery Doppler



Conclusion routine scan: adequate assessment

Comments

There is a single viable intrauterine pregnancy corresponding to dates.

The nuchal translucency measurement, nasal bone and fetal heart rate has reduced the maternal age related risk of chromosomal abnormalities

The nasal bone is present. The Tricuspid valve and Ductus venosus Doppler are normal.

The mother has given blood for maternal biochemical screening with first trimester quadruple marker test.

The cervix measures 31 mm with no evidence of funneling. The uterine artery Doppler (mean PI-1.06) is normal for this gestation.

The detection rates for chromosomal abnormalities for various screening test are as follows-

First Trimester NT only-75%

First Trimester Combined (NT+maternal blood test)-80-85%

Sequential screening (Combined +Quadruple at 15-19 w+Genetic Sonogram at 18-20 w)-95%

Maternal blood test for cell free DNA-99%

Invasive testing (CVS/Amniocentesis), which is a definitive test has a procedure related risk of 1 in 300.

Please note for all your future visits to ANY SCAN CENTRE, it is mandatory by the GOI to produce prior to the scan

1. Government approved photo ID card of the prospective mother (Aadhaar card, passport, voter ID, driving license etc)
2. Referral letter from your Doctor with indication for the scan and her/ his SEAL and SIGNATURE

Also, please keep extra time to fill the detailed GOI-mandated "F Form" before the scan which needs to be submitted online prior to the scan.

Please note: All fetal abnormalities cannot be detected by ultrasound

I, Dr.Chaitanya declare that while conducting ultrasonographic imaging on Mrs. M.Pavani, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Please note: All items are subject to inspection and may be subject to change without notice.
Also, please keep your items in the original container and label them clearly with your name and address.
We cannot accept items that are damaged, soiled, or otherwise unsuitable for sale.
Please note that we do not accept items that are illegal, obscene, or otherwise prohibited.
We reserve the right to refuse any items that do not meet our quality standards.

1000 State Road 100, Palm Beach, Florida 33480 (407) 833-1000

STB
-Weigh
-Heigh

The items are subject to inspection and may be subject to change without notice.
Also, please keep your items in the original container and label them clearly with your name and address.
We cannot accept items that are damaged, soiled, or otherwise unsuitable for sale.
Please note that we do not accept items that are illegal, obscene, or otherwise prohibited.
We reserve the right to refuse any items that do not meet our quality standards.