

Sample Collection date: 08062023
 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
 passion - commitment - genetics
Lilac Insights

Patient Details:
 Name: CHANDRA W/o BHAWANI SWATH
 Address: _____

City: AJMER State: _____
 Email ID: 8890694850@_____ .com
 DOB: 03071991 Weight: 66 kg Height: 5.2 m
 Ethnicity: South Asian East Asian Caucasian African Other Smoking status: Yes No

Requesters Information:

Name of Hospital/Collection Centre: DJS MER PINDAGNOSTICS
 City: AJMER
 Name of Ordering Physician: Dr. PREETAM KOTHARI
 Name of Sonographer: Dr. MANISH SHARDA
 FMF code (if available): _____

Pregnancy Details:

LMP: 07092024 USG/Corr EDD: _____
 LMP certainty: Regular Irregular Unknown

Obstetric History:

Parity (pregnancy at ≥24 weeks): Gravida: Abortions: 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
 History of Systemic Lupus Erythematosus: Yes No Patau Syndrome: Yes No
 History of Anti Phospholipid Syndrome (APLA): Yes No
 History of OntD: Yes No

Ultrasound History

First trimester ultrasound details
 USG date: _____
 CRL: _____ mm NT: _____ mm
 NB: Present Absent

Twin pregnancy ultrasound details

USG date	DCDA	MCDA	MCMA
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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"/>

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

Pre-eclampsia Screening (PIGF + 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/PIGF Ratio) _____
 EVICO PE-Pro (sFlt-1/PIGF Ratio) _____ **Priority**

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: _____
 Signature of Ordering Physician: _____

PAP CODE STICKER

Barcode: 10001N400400

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



PURNA (SHARDA) DIAGNOSTICS

(X-Ray, 3, Channel ECG, 4D-Colour Doppler Sonography, Echocardiography, Elastography, Mammography & Spiral CT Centre)
MAN VILLA, NEAR BAJRANG GARH CHOURAHA, NAGINA BAGH ROAD, AJMER (RAJ.)

Date 31/05/2024

Name MRS CHANDA

Consultant DR SANDHYA CHOWDHARY

Part examined FOETAL WELL BEING

SONOGRAPHY REPORT

Fetus SINGLE

Presentation CEPHALIC, at the time of scanning

Cardiac activity PRESENT 152 B/M REGULAR

Fetal movements PRESENT

Fetal biometry

BPD	33 mms	16W3D
HC	122 mms	16W2D
AC	095 mms	15W5D
FL	19 mms	15W6D
Mean gestational age	16W1D	
HC/AC ratio	129 %	
FL/AC ratio	21 %	
Estimated fetal weight	0135+ 20 GMS	

Placenta

Fundal Anterior wall
Grade I Maturity
Upper Segment
No haematoma is seen

Amniotic fluid: - Adequate

Umbilical cord:- Normal Three vesseled.

Fetal stomach seen; Visible Fetal spine appears normal; Fetal head appears normal

Fetal UB not visualized - probably empty Advised: - Follow up studies)

(Please note entire limbs, heart detail and face are not always seen, due to body position)

Internal os:-Closed

OPINION

SINGLE LIVE FOETUS OF ABOUT 16-17 WEEKS GESTATION IS SEEN IN THE UTERINE CAVITY IN CEPHALIC PRESENTATION WITH ADEQUATE LIQUOR

EDD by CGA: 14/11/2024

ADVISED: - FOLLOW UP STUDIES, SPECIALLY FOR CONGENITAL MALFORMATIONS
REVIEW STUDIES AT HIGHER CENTRE

PLEASE CORRELATE CLINICALLY ALONG WITH BLOOD MARKERS AND OTHER RELEVANT INVESTIGATIONS FOR CHROMOSOMAL, CARDIAC AND CONGENITAL MALFORMATIONS

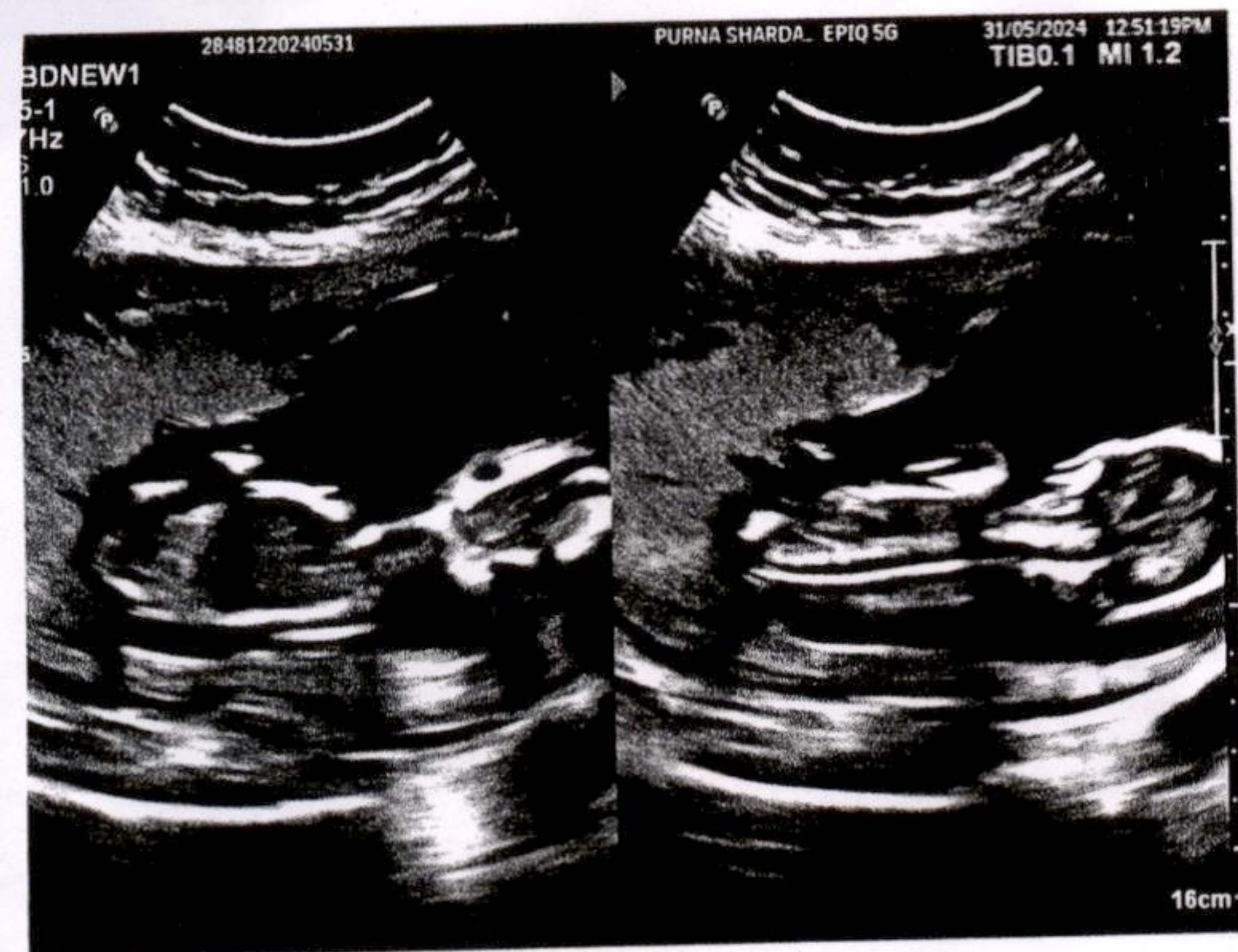
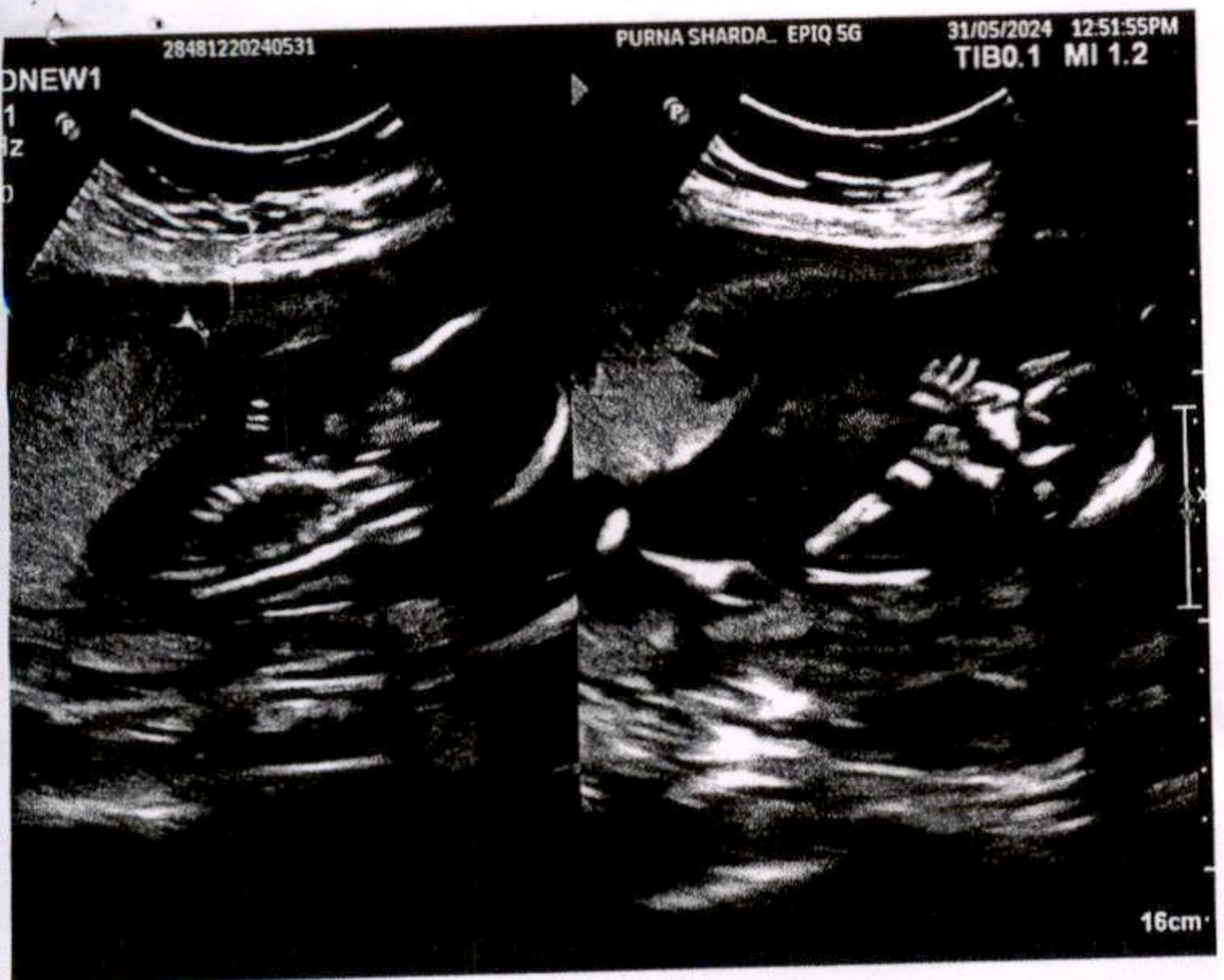
ENCL -9 B/W SLOTS AND 9 COLOUR SLOTS

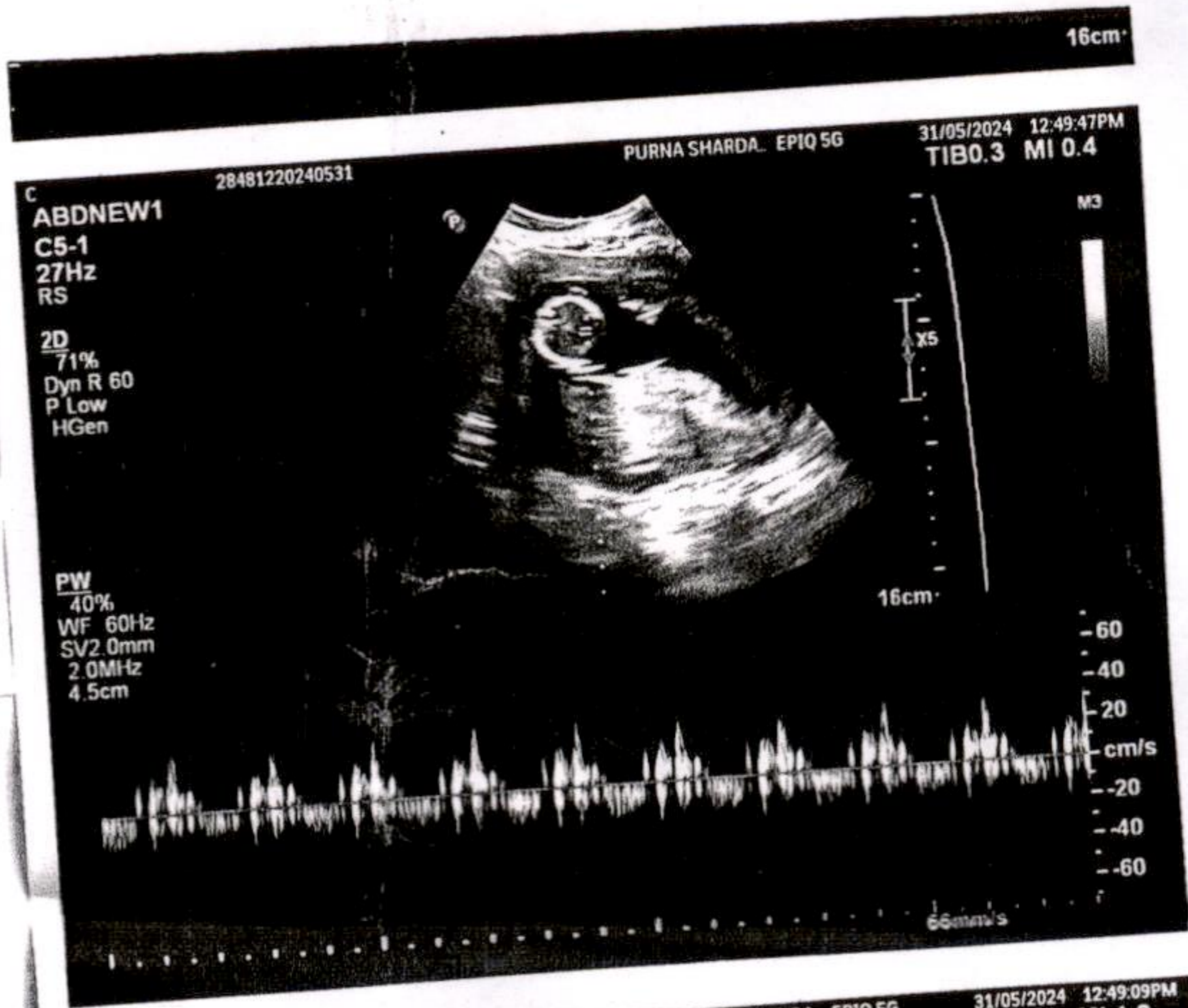
I hereby declare that during scanning, I have neither seen nor disclosed the sex of the foetus to the patient also the given report does not exclude all gross congenital malformations due to variable & difficult position attained by the foetus and maternal abdominal wall thickness.

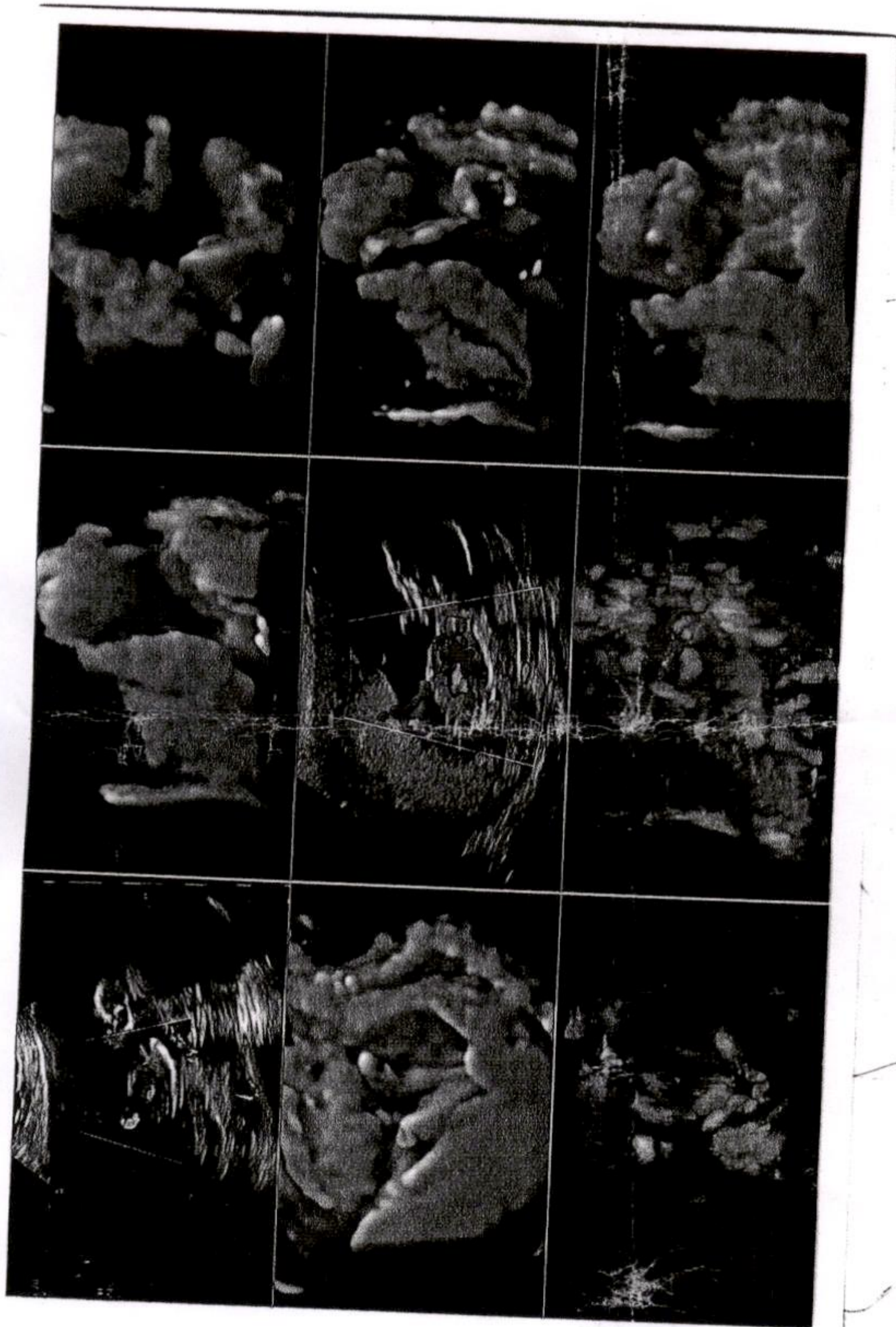
Dr. Manish Sarada
DR. MANISH SARDA MBBS, MRD
Consultant Radiologist
RMC Reg.No.14385/9508

- Note:**
1. This is a professional opinion only and not the final Diagnosis.
 2. No Ultrasonography, CT Scan or x-ray findings are pathognomic, all findings are only suggestive, hence they should be reviewed with the relevant clinical history & relevant investigations before embarking upon the final Diagnosis and proceeding for Management (Medical or Surgical).
 3. Not all gross & major congenital anomalies of fetus are apparent, during scanning due to difficult & variable position attained by the fetus. Hence this report does not exclude all gross & major congenital fetal anomalies or Chromosomal Anomalies Specially down's syndrome. Which could be visible, if scanned later or at any other time. Fetal cardiac anomalies are not included, ask for fetal echocardiography whenever suspicion is there.
 4. Whenever suspect congenital anomalies, ask for targeted scan along with serum alpha fetoprotein estimation / Triple Marker Test Correlation.
 5. In case of Disparity between clinical and Sonographic / X-Ray / CT findings, please send patient again for review free of cost.
 6. This report is not valid for medicolegal purposes.
 7. Any typing error or unintentional clerical reporting of removed organs needs immediate correction and if, not feasible, clinical correlation and self correction.
 8. Even major abnormalities can be missed, due to overlying gaseous shadows, patient's obesity or patient's condition. The same could be visualized, at some other time, if visualization window improves.
 9. Subject to Ajmer Jurisdiction only.

“भ्रूण लिंग परीक्षण करवाना जघन्य अपराध है, तथा इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है”







Handwritten notes or sketches, possibly including a signature or initials.

Name - Chandu w/o Bhawani

Age - 34 yrs P.O.B - 3/07/1991

EMP - 7/02/2024

Weight - 60 kg

Height - 5.2 inch.

OH - Nil

Mob - 8890694850

ingh

PATIENT TEST REPORT

HAINA WIO HAR KARAN

000006

YEARS / FEMALE



ame : MRS. C
der : 26 Y
OR
th
No

WORTHAIER HOSPITAL

HAEMATOLOGY

Value Unit

H TYPE, EDTA WHOLE BLOOD

Grouping A.B.O

"A"

NEGATIVE.

ube Agglutination

TYPE, EDTA WHOLE BLOOD group is identified by antigens and antibodies present in the blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with serum by both forward as well as reverse grouping methods.