

Sample Collection date: **24 05 2024** Sample Collection time: **4:05** am/pm
 Sample Collection from: _____ Sample Collected By: _____

Requisition form for Prenatal Screening

Patient Details:
 Name: **MRS. SOUNTHARYA GOYLE W/O KUMAR 29/11/1980**
 Address: **250/158 KAATHUR, PILLAIYAR KOVILTHE - RU SALEM**
 City: **SALEM** State: **TAMILNADU**
 Email ID: **kumarysarka.5566@gmail.com**
 DOB: **08 09 1980** Weight: **45** kg Height: **154** cm
 Ethnicity: South Asian East Asian Caucasian African Other Smoking status: Yes No

Requesters Information:
 Name of Hospital/Collection Centre: **PRITYAHOSPITAL**
 City: **SALEM**
 Name of Ordering Physician: **DR. KALAI PRIBHENO**
 Name of Sonographer: **DR. PAMACHANDRANMBR**
 FMF code (if available): _____

Pregnancy Details:
 LMP: **28 02 2024** USG/Corr EDD: **DDMMYY**
 LMP certainty: Regular Irregular Unknown

Obstetric History:
 Parity (pregnancy at ≥24 weeks) Gravida Abortion Live **Primi**
 Details of last pregnancy at ≥ 24 weeks
 PE: Yes No Date of delivery: **DDMMYY**
 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: **DDMMYY** Transfer date: **DDMMYY**
 Egg source: Self/donor. If donor, then donor's age/DOB: **DDMMYY** **NO**
 Diabetes: Yes If Yes, Type: Gestational Type 1 Type 2 **NO**
 Treatment method: No treatment / Insulin / Metformin / Insulin+Metformin / Diet Control
 If on Insulin, Insulin start date: **DDMMYY** **NO**
 Patient on hCG: Yes If yes, latest date of hCG intake: **DDMMYY** **NO**
 Bleeding/Spotting in last two weeks: Yes

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: **24 05 2024**
 CRL: **53** mm NT: **1** mm
 NB: Present Absent

Twin pregnancy ultrasound details

USG date	DCDA	MCDA	MCMA
DDMMYY	<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: **DDMMYY**
 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 + UAD
 - Free β-hCG + AFP + UAD
 - Free β-hCG + AFP + UAD + U3
 - Free β-hCG + AFP + U3 + Inhibin A
 - NT + PAPP-A + Free β-hCG + AFP + U3 + Inhibin A

Pre-eclampsia Screening (PIGF + PAPP-A + MAP + UAD)
Pre-eclampsia and Fetal Growth Restriction:
 Blood pressure (BP) history BP measurement date: **DDMMYY**

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 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 _____ Left PI _____ (via 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: **Sountharya**
Signature of Ordering Physician: **Heater**



For Liliac Insights
 PAPP-A:
 β-hCG:
 AFP:
 PIGF:
 UE3:
 Inhibin A:
 sFlt-1:

Patient Name: Mrs. Soundharya **Age / Sex : Yrs / F** **Date : 24/05/2024**

Ref.Dr : DR. M.KALAIPRIYA MBBS DGO.,

I TRIMESTER SCAN REPORT

LMP: 28/02/2024

EDD : 04/12/2024 GA by LMP : 12W 2 D

Single Intrauterine gestational sac seen

Margins appeared regular

No Evidence of subchorionic haemorrhage seen

Fetal pole seen.

Placenta - Anterior

Fetal Cardiac Activity seen . FHR- 160 bpm

Fetal cranium formed All four limbs seen

Fetal stomach bubble bladder visible

CRL - Measured 5.3 cm (12 w 0d) BPD : 1.9cm (13 w 1 d)

Both ovaries appeared normal Adnexae appeared free

Internal OS closed. **Cervical Length 3.4 cm.**

No free fluid seen in cul-de-sac

NT-1 mm. Nasal bone present.

IMPRESSION :

SINGLE VIABLE INTRAUTERINE GESTATION CORRESPONDING TO

GESTATIONAL AGE OF 12+/-1 WEEK

SUGGESTED ANOMALY SCAN BETWEEN.

Handwritten signature

DR.P.RAMACHANDRAN M.D.R.D

RADIOLOGIST

Handwritten initials

Dr. P. RAMACHANDRAN, M.D.R.D.

Reg. No: 94064

Consultant Radiologist,
PRIYA HOSPITAL, SALEM-5.

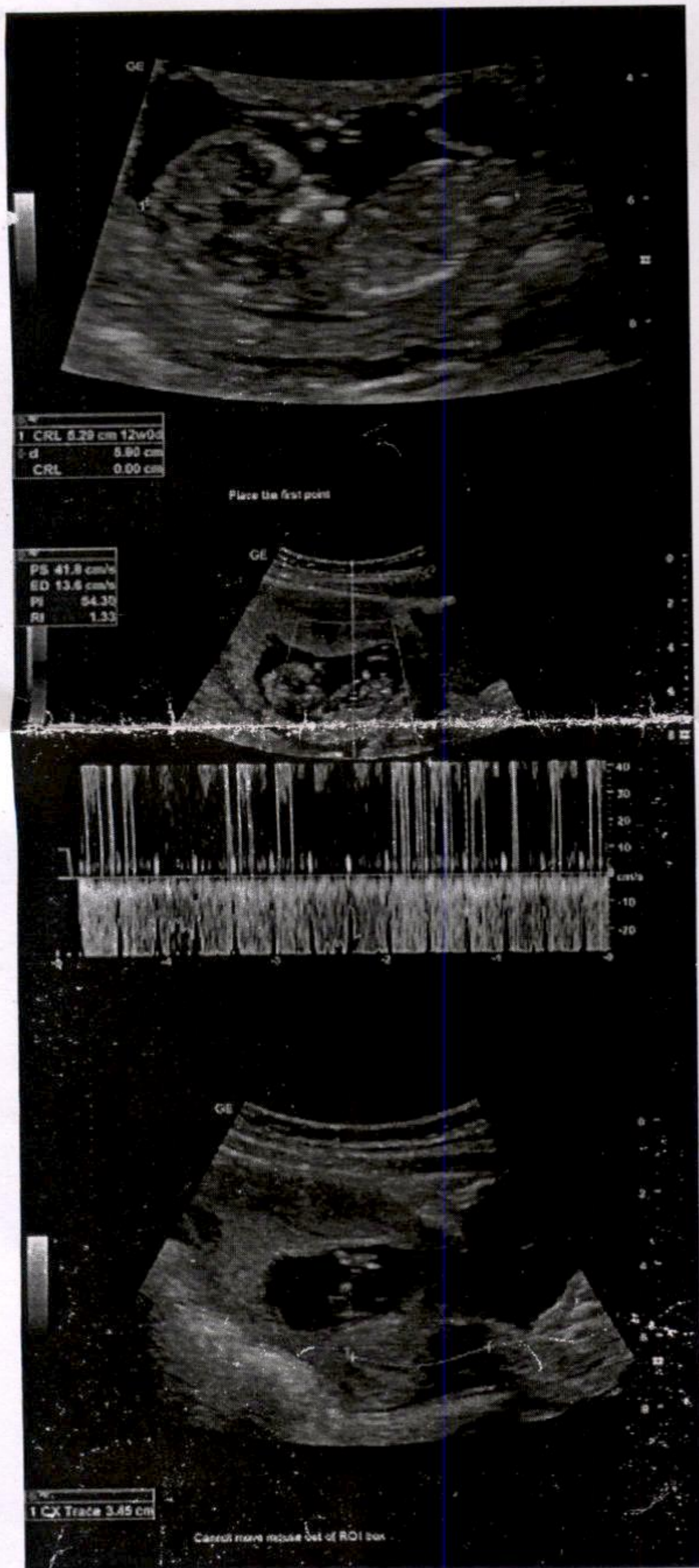


**DARSHAN SCANS
PRIYA HOSPITAL
NO.11, ELANGO STREET, SURAMANGALAM
SALEM - 636 005**

Name: sowndharya
Date: 24/05/2024

Patient Id: 240524-021937PM
LMP: 28/02/2024

GA: 12w2d
EDD: 04/12/2024



Dr. P. RAMAN
Registrar
CONSULTANT RADIOLOGIST
PRIYA HOSPITAL, SALEM