MOLQ™ LABORATORY

TEST REQUISTION FORM

Patient Details

First Name : Anita Last Name : _____

Age : 27 Gender : Male ☐ Female ☑

Address : _____

_____ Contact No. : 9899033300

E-mail ID _____

Referred by _____ Contact No. : _____

For Maternal Screening - Date of Birth :- 05 09 1990

Weight : 63 kg. Height : 5 ft 4 inches, LMP 16/10/17 Last Ultrasound Report

Billing Information

Client Name : Malhotra Diagnostic Ctr

Client ID : _____

Total Amount : _____

Amount Received : _____ Receipt No. : _____

Amount Balance / Due : _____

Payment via : ☐ CASH ☐ CHEQUE ☐ CREDIT

Specimen Type Received (For MolQ use only)

☐ Serum	☐ Bone Marrow	☐ CSF
☐ Plasma: EDTA/FL/CIT	☐ FN Aspirate	☐ Fluid
☐ SST	☐ Tissue Formalin	☐ BAL
☐ W. Blood EDTA	☐ Paraffin Block	☐ Sputum
☐ W. Blood Fluoride	☐ Smear	☐ Urine
☐ W. Blood Heparin	☐ Slide (H&E)	☐ Stool
☐ W. Blood Sodium Citrate	☐ Pus	☐ Swab
	☐ Blood Culture Bottle	☐ Others

Other Sample Type / Source : _____

Received Specimen Information (For MolQ use only)

Temperature : ☐ Ambient ☐ Refrigerated ☐ Frozen

Date: _____ Time : _____

Patient ID _____ No. of vials/container _____

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

(Please refer to the Directory of Services for correct name and specimen type)

Double marker.

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature : ☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
S	MolQ 10324787

Total No. of Vials/Container _____

Specimen Collection Information

Date: _____ Time : _____

Fasting : Yes ☐ No ☐ Fasting Period : _____ Hrs.

Collection by : _____

Urine Volume : _____ ml Hrs. _____

Patient Consent : I hereby authorize MoLQ Laboratory to use and share with affiliates my personal information including but not limited to any condition / disease information etc. as may be necessary to perform the test or services etc. Medical records/information, to the extent of the applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the leftover specimens for immediate research and in future research of any kind and at any time in the future. The samples will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable by law. In the event of any publication by MoLQ Laboratory, patient's identity will remain confidential. I agree to this access of my medical records and specimen for diagnostic and research purpose.

Disclaimer : For any test/service related complain/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Dehradun, Uttrakhand. The financial liability or compensation of any sort is not more than MRP of the Test requested.

रोगी सहमति : मैं मोल्क्यु प्रयोगशाला को अधिकृत करता हूँ कि मेरी पूर्ण व्यक्तिगत जानकारी अपनी किसी भी शाखा के साथ साझा कर सकती है। मेरी बीमारी की हालत या सूचना का खुलासा अगर परीक्षण के संचालन के लिए आवशयक है, तो मैं इसकी अनुमति देता हूँ यद्यपि यह जानकारी उस सीमा तक साझा की जाए जो कि कानूनी सीमा के अंतर्गत हो। मेरी इस प्रकार की जानकारी को पूर्ण रूप से गुप्त रखा जाए और सार्वजनिक रूप से उपलब्ध ना कराई जाए। इसके पश्चात मैं प्रयोगशाला को देबारा अधिकृत करता हूँ कि जो नमूना जाँच के लिए उपलब्ध करवाया था, उसमे से बचे हुए नमूने को प्रयोगशाला कभी भी और किसी भी समय किसी भी प्रकार के प्रयोग के लिए उपयोग में ला सकती है। शेष नमूने को पूर्ण रुप से अंकित किया जाए और गुप्त रुप से रखा जाए, जब इसको नष्ट किया जाए तो पूर्ण रुप से नियम और विनियमता का उपयोग किया जाए। किसी भी प्रकार के मोल्क्यु प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रुप में गुप्त रखा जाएगा। मै सहमत हूँ कि मेरी मेडिकल रिकॉर्ड और मेरे बचे हुए नमूने को नैदानिक प्रयोग और किसी भी प्रकार के अनुसंधान के लिए उपयोग में लिया जा सकता है।

अस्वीकृति : किसी भी जाँच सम्बन्ध शिकायत या जानकारी हेतु आप मोल्क्यु प्रयोशाला को सम्पर्क कर सकते है, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखंड है, किसी भी जाँच का मूल्य उसके दिए अधिकत्तम फुटकर मूल्य से अधिक नहीं होगा।

Patient/Client/Doctor's Signature

Date : _____

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Pathology Lab | Ultrasound | Colour Doppler | ECHO | ECG | OPG (Dental X-Ray) | 3D/4D Ultrasound

Malhotra DIAGNOSTICS

ISO 9001 : 2008 CERTIFIED

UNIT NO. 203-206, 2nd Floor, The Sapphire, Sector 49
Sohna Road (Opposite Orchid Petals Apartments, Near South City 2)
Gurgaon - 122018, Haryana, India
Ph. : 0124-4268222 Mob. : 9899033300, 8882999869, 9899017586

Name:	ANKITA GUPTA	Age:	27 YRS	Sex:	Female
Sr.No:	7445	Date:	09-Jan-2018	Lab No:	0118010900
Ref. By :	Dr. WITTY RAINA				

USG OBS - LEVEL I

LMP: 16/10/2017 G.A. by LMP: 12 Weeks 1 Day EDD by LMP: 23/07/2018

UTERUS shows a single live intrauterine pregnancy.

The embryonic CRL measures 60.9 mm, corresponding to a gestational age of 12 Weeks 3 Days +/- 1 Week.

The embryonic cardiac activity is well visualized. FHR - 149 beats per minute

Ductus venosus flow is normal

The internal Os is closed. The cervix is adequate in length (33.4 mm).

Nuchal thickness measures 1.3 mm and is within normal limits

Nasal bone appears normal and measures 3.2 mm.

Placenta appears to be developing posteriorly - Grade 0.

There is no evidence subchorionic haemorrhage.

EDD by CGA is 21/07/2018

IMPRESSION:
Single live intrauterine pregnancy, corresponding to a gestational age of 12 Weeks 3 Days +/- 2 Weeks.

Normal level I Scan.

Dr. R. Indhumathi Ramdass
Consultant Radiologist
HMC - 9513

I the undersigned declare that while conducting the ultrasound on Mrs Ankita, I have neither detected nor disclosed the sex of the fetus to anyone in any manner.

Note This is an obstetrical ultrasound, mainly done for estimation of gestation age, amount of liquor, placental position and general well being of the fetus and not for the evaluation of congenital anomalies Moreover, the detailed fetal anomaly may not always be visible and are extremely difficult to visualize due to constantly changing position of the fetus, abdominal wall thickness and overlapping of various fetal parts Therefore, all fetal anomalies may not necessarily be detected at every examination

Not valid for medico - legal purposes