



# TEST REQUISITION FORM

## Patient Details

First Name : Parnika Last Name : \_\_\_\_\_

Age : 32/2 Gender : Male  Female

Address : \_\_\_\_\_

Contact No. : \_\_\_\_\_

E-mail ID \_\_\_\_\_

Referred by \_\_\_\_\_ Contact No. : \_\_\_\_\_

For Maternal Screening - Date of Birth :- 19 07 1985

Weight : 42.3 kg, Height : 4 ft 8 inches, LMP \_\_\_\_\_ Last Ultrasound Report

## Billing Information

Client Name : Anil Pathak

Client ID : \_\_\_\_\_

Total Amount : \_\_\_\_\_

Amount Received : \_\_\_\_\_ Receipt No. : \_\_\_\_\_

Amount Balance / Due : \_\_\_\_\_

Payment via :  CASH  CHEQUE  CREDIT

## Specimen Type Received (For MolQ use only)

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Serum                   | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma: EDTA/FL/CIT     | <input type="checkbox"/> FN Aspirate          | <input type="checkbox"/> Fluid  |
| <input checked="" type="checkbox"/> SST          | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> BAL    |
| <input type="checkbox"/> W. Blood EDTA           | <input type="checkbox"/> Paraffin Block       | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W. Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> W. Blood Heparin        | <input type="checkbox"/> Slide (H&E)          | <input type="checkbox"/> Stool  |
| <input type="checkbox"/> W. Blood Sodium Citrate | <input type="checkbox"/> Pus                  | <input type="checkbox"/> Swab   |
|  | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Other Sample Type / Source : 9 B

## Received Specimen Information (For MolQ use only)

Temperature : \_\_\_\_\_ Date: \_\_\_\_\_ Time : \_\_\_\_\_

- Ambient  
 Refrigerated  
 Frozen

Patient ID \_\_\_\_\_ No. of vials/container \_\_\_\_\_

1	2
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Signature of Accession Officer(s)

## Test Name/Test Code


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

Obad marked

## Instructions to Laboratory/Clinical Information

## Sent Specimen Information

Temperature :  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
	

Total No. of Vials/Container \_\_\_\_\_

## Specimen Collection Information

Date: 18/11/18 Time: \_\_\_\_\_

Fasting : Yes  No  Fasting Period : \_\_\_\_\_ Hrs.

Collection by : Chait

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, Uttarakhand. 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 आवश्यक 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, उसमें से बचे हुए नमूने को प्रयोगशाला कमी भी और किसी भी समय किसी भी प्रकार के प्रयोग के लिए उपयोग में ला सकती है। शेष नमूने को पूर्ण रूप से अंकित किया जाए और गुप्त रूप से रखा जाए, जब इसको नष्ट किया जाए तो पूर्ण रूप से नियम और विनियमता का उपयोग किया जाए। किसी भी प्रकार के मोल्क्यु प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रूप में गुप्त रखा जाएगा। मैं 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 प्रयोगशाला को सम्पर्क कर सकते हैं, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखण्ड है, किसी भी जाँच का मूल्य उसके दिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

Patient/Client /Doctor's Signature  
 Date : \_\_\_\_\_



Modality: US

Patient Name : PRAMILA SINGH  
MRN : ROCM0000058520  
Age/Sex : 32Y/F  
Visit No. : OP-011  
Mobile No. : 7291073690

Requested By : REFERED DOCTOR  
Procedure Date : -  
Order From : -  
Reported on : 13-1-2018 14:2:20  
Bill Date : 13/01/2018

**ULTRASOUND OBSTETRIC LEVEL II**

LMP = 01/09/17  
GA (LMP) = 19 weeks 1 day

**Findings:-**

Single live foetus with variable presentation at the time of scan.  
Foetal cardiac activity present, regular (FHR = 144 beats per minute).  
Foetal movements present.

**Neurospinal:**

Foetal skull appears normal. Fetal spine appears normal.  
No evidence of hydrocephalus.  
Cerebellum is normal.

**Heart:**

Four chamber view appears normal.

**Abdomen:**

Stomach bubble is visualized and is normal in position.  
Both kidneys are visualized. Pelvicalyceal systems are normal.  
Urinary bladder is normal.

**Liquor** : Adequate.

**Placenta:** Position- Anterior, grade - 0

**Foetal Parameters:**

**BPD** measures 4.20cm corresponding to **18 weeks 6 days**  
**HC** measures 15.68cm corresponding to **18 weeks 5 days**  
**AC** measures 13.78cm corresponding to **19 weeks 2 days**  
**FL** measures 2.87cm corresponding to **18 weeks 6 days**



Certificate No. M-0684  
NABL

Rockland Hospitals Ltd., Manesar | CIN: U85110DL2004PLC128077

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EDD by LMP: 08/06/18  
Composite G. Age by USG: 19 weeks 0 days  
EDD (CUA) : 09/06/18  
Estimated Foetal Wt. : 267gm ± 39gm

Cervix : Cervix is normal in length.  
: Internal os closed.

**IMPRESSION:** Single live intrauterine pregnancy of approx 19 weeks 0 day ± 2 weeks.

**Declaration of the doctor/person conducting Ultrasound/Image scanning:**  
I, Dr. Rajbir Chauhan (Name of the doctor conducting ultrasound) declare that while conducting ultrasound/ image scanning on Pramila (Name of pregnant woman), I have neither detected nor disclosed the sex of the foetus in any manner. Please correlate clinically.

  
DR. RAJBIR CHAUHAN  
(Senior Consultant and Head)

V.M



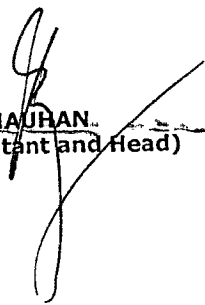
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