



TEST REQUISITION FORM

Patient Details

First Name : BHARTI Last Name : _____

Age : 25 Gender : Male Female

Address : _____

Contact No. : _____

E-mail ID _____

Referred by _____ Contact No. : _____

For Maternal Screening - Date of Birth :-

D	D	M	M	Y	Y	Y	Y
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Weight : _____ kg. Height : _____ ft _____ inches, LMP _____ Last Ultrasound Report

Billing Information

Client Name : Sunrise Diagnostic Centre

Client ID : Bywasan

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 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 : _____

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 Accessioning Officer(s)

Test Name/Test Code

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

Chardople marker

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature : Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
	 10310854

Total No. of Vials/Container _____

Specimen Collection Information

Date: 24/11 Time : _____

Fasting : Yes No Fasting Period : _____ Hrs.

Collection by : SARVATY

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 कभी 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 से 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 : _____



PERFECT
DIAGNOSTIC CENTRE

Perfect Diagnostic Center

LABORATORY REPORT

Date 03/01/2018 Sri No. 13
Name Ms. BHARTI Age 25 Yrs. Sex F
Ref. By Dr. COLUMBIA ASIA

USG LOWER ABDOMEN

LMP: 02/10/2017 GA(LMP) 13 WEEKS 2 DAYS
Scans show single intrauterine fetus in cephalic (variable) presentation.
Fetal heart & aortic pulsations and limb and body movements seen under real time scanning and appear normal. FHR --> 158 Bpm
Placenta is anterior and in upper part.
Retroplacental area is clear.
Placenta shows grade 0 changes.
Nuchal thickness 1.4 mm .
Nasal bone is seen (2.4 mm)
Fetal spine is seen & appears normal.
All four limbs are visualised & appears normal .
Stomach bubble & UB are seen.
Ductus venosus shows normal flow with positive A wave.
No congenital visceral or cranio-spinal anomaly seen.
Amniotic fluid is adequate and is uniformly distributed.
Internal os is closed. Cervical length is adequate 4.2 cm.

Bi Parietal Diameter	(B.P.D) =	1.97cm = 13 weeks 1 days.
Femur Length	(F.L.) =	0.86cm = 12 weeks 4 days.
Abdominal Circumference	(AC) =	5.74cm = 12 weeks 4 days.
Head Circumference	(HC) =	7.37cm = 13 weeks 0 days.
CRL	=	6.73cm = 13 weeks 0 days
Approx. Weight	=	61 gms +/- 12 %

EDD(USG) 12/07/2018
Right uterine artery shows normal flow pattern RI-0.62 ,PI-1.19
Left uterine artery shows normal flow pattern RI-0.59 ,PI-0.93

weight - 6.5
Height - 5.2
DOB - 12/03/92
12/03/92

IMPRESSION => SINGLE LIVE FETUS OF 12 WEEKS 6 DAYS MATURITY +/- 1

Note :- This study does not guarantee complete detection of all foetal anomalies. An anomaly can also be missed due to constantly changing position of the fetus esp. in relation to fetal limbs and heart.
Declaration of doctor conducting ultrasonography / Image scanning,
I, the undersigned declare that while conducting ultrasonography/ image scanning on Ms. bharti I have neither detected nor disclosed the sex of her foetus to any body on any manner.

DR VARUN RAJ
DMC NO 36316

Fully Computerised Pathology Lab, X-Ray, ECG, Ultrasound, Color Doppler, Lab Test

Main Road Bijwasan, New Delhi-110061 (Opp. Dr. Saxena Poly Clinic)

Helpline No.: 0124-6450258, 9716664783 • Timings : 8 AM to 8 PM • 7 Days Open