

### Patient Details

First Name: Simran Last Name: Soni

Age: 30 Gender:  Male  Female

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

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

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

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

For Maternal Screening - Date of Birth :-

Weight: \_\_\_\_\_ kg. Height: \_\_\_\_\_ ft \_\_\_\_\_ inches, LMP \_\_\_\_\_  Last Ultrasound Report

### Billing Information

Client Name: Greenleaf Diagnostic

Client ID: \_\_\_\_\_ See 10-17

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

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

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

Payment via:  CASH  CHEQUE  CREDIT

### Specimen Type Received (For MolQ use only)

- |  |   |                                 |
|--|---|---------------------------------|
| <input checked="" 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: DM

### Received Specimen Information (For MolQ use only)

Temperature:  Ambient  Refrigerated  Frozen

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

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)

Quadruple marker

TSH

### 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: \_\_\_\_\_ 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, 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, उससे 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, उत्तराखंड है, किसी भी जाँच का मूल्य उसके दिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

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



Date	29/12/2017	Srl No.	207	Sex	F
Name	Mrs. SIMRAN SONI	Age	30 Yrs.		
Ref. By	Dr. SHALINI YADAV				

### OBSTETRICAL ULTRA SOUND (LEVEL I)

**LMP: 05/10/2017 G.A. by LMP 12 wks 1 days EDD by LMP :12/07/2018**

**UTERUS** is gravid with a **well defined** gestational sac containing an embryo within, in the upper uterine segment.

**CRL** measures **62.1 mm**, corresponding to a gestational age of **12 wks 4 days +/- 6 days**.  
**BPD** measures **20.3 mm**, corresponding to a gestational age of **13 wks 2 days +/- 6 days**

The embryonic cardiac activity is well visualized and is about **163 BPM**.  
 The Placenta is seen posteriorly, grade 0. It is **partially covering the internal os**. No retroplacental clot is seen.

**Nuchal thickness** appears within normal limits measuring about **1.4 mm**.  
**Nasal Bone** is appears normal and measures approx **5.2 mm**  
**ICL** is noted and measures **1.5 mm**.

Ductus venosus flow appears normal with no obvious reversal.  
 Fetal aorta shows normal flow pattern.

VESSEL	RI	PI
Rt Uterine artery	0.7	1.3
Lt Uterine artery	0.7	1.4
Mean PI	1.35 (within range)	

The internal Os is closed. The cervix is adequate.  
**EDD** by computed average gestational is **06/07/2018**

**IMPRESSION :**



Date 29/12/2017  
Name Mrs. SIMRAN SONI  
Ref. By Dr. SHALINI YADAV

Srl No. 207  
Age 30 Yrs. Sex F

Early single live Intrauterine pregnancy of average gestational age of 13 wks 0 days +/- 6 days.

Mildly high resistance flow in both uterines on screening.

*Suggest short interval follow up for placental migration .  
Suggest detailed level II scan at 18-22 wks.*

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

Weight - 60 kg

Height - 5'6"

DOB - 19-8-1987

Dr. Asmita Ummat Reddy  
M.D. Radio-Diagnosis  
HMC Reg. No. 05558

DR. Venkat Reddy M  
M.D. Radio-Diagnosis  
HMC Reg. No. 06223

DR. Anshu Kumar Sharma  
M.D. Radio-Diagnosis  
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