



TEST REQUISITION FORM

Patient Details

First Name: Mrs. Sudha Last Name: Singh

Age: 23 Gender: Male Female

Address: _____

Contact No.: _____

E-mail ID _____

Referred by Dr. Tarang Yadav 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: North Delhi Diagnostic

Client ID: _____

Total Amount: 1800/-

Amount Received: _____ Receipt No.: _____

Amount Balance / Due: _____

Payment via: CASH CHEQUE CREDIT

Specimen Type Received (For MolQ use only)

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

Other Sample Type / Source: AM

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)


Quad marker

L.m.f. Unknown

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature: Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
<u>Serum</u>	 10189781

Total No. of Vials/Container _____

Specimen Collection Information

Date: 27/1/18 Time: _____

Fasting: Yes No Fasting Period: _____ Hrs.

Collection by: Nitin

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 अकित 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: _____



SKIN CARE COSMETOLOGY
ULTRASOUND COLOR DOPPLER
PATH. LAB DIGITAL X-RAY

SKIN CARE AND DIAGNOSTIC CENTRE

DR. AMIT RAI

MBBS, DMRD, DNB (RADIO - DIAGNOSIS)
CONSULTANT RADIOLOGIST & ULTRASONOLOGIST
FORMERLY AT : JAIPUR GOLDEN HOSPITAL,
SAROJ HOSPITAL, ST. STEPHEN & MAX HOSPITAL
DMC REG NO. 31446

NAME: MRS SUDHA SINGH
REF. BY: DR TARANG YADAV

AGE: 23 YRS
DATE: 19-01-2018

OBSTETRIC ULTRASOUND - FOETAL WELL BEING SCAN.

A single live foetus is seen in uterine cavity in variable presentation. Foetal movements and foetal cardiac activities observed in real time and appear normal. Foetal heart rate is 145 bpm and regular.

Gestational age

By LMP - 18 wks 0 day
By USG
BPD - 40 mm - 18 wks. 1 days
FL - 27 mm - 17 wks. 5 days
HC - 150 mm - 18 wks. 1 day
AC - 124 mm - 17 wks. 5 days
HC/AC ratio - 1.21
EFW - 225 gms. ± 20%.
Average gestational age by USG - 17 wks 6 days +/- 1 wks.
EDD BY USG - 23/06/2018

Placenta is posterior low lying 29.0 mm from os. Maturity Gr-0. It has homogenous echopattern. No focal defect is seen. There is no retroplacental collection.

Amniotic fluid is adequate. AFI 12.5 CM. Cervical length is 36 mm. Internal os closed.

Color Doppler screening - Bilateral uterine arteries were examined under real time in duplex Color Doppler mode. Note: The above Doppler parameters are within normal range to the period of gestation.

IMPRESSION: Single live intra uterine pregnancy of approx. 17 wks. 6 days duration +/- 1 weeks with low lying placenta.

ADV- LEVEL II USG AFTER 1 WEEK.

Please correlate clinically.

Regards.

DECLARATION OF DOCTOR/PERSON CONDUCTING
ULTRASONOGRAPHY/IMAGE SCANNING

I Dr Amit Rai (name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on Mrs. SUDHA SINGH (Name of the pregnant woman). I have neither detected nor disclosed the sex of her foetus to any body in any manner

Dr. Amit Rai
Consultant Radiologist
DMC-31446, DMRD, DNB (Radio-diagnosis)



AN ISO 9001:2008 CERTIFIED CENTRE

* This is only a professional opinion, clinical correlation is essential for final diagnosis * If test results are unsatisfactory, please contact personally
Report is for persual of doctors only Not for Medico legal cases * All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound