

TEST REQUISITION FORM

Patient Details

First Name : RUMA Last Name : _____
 Age : 19 Gender : Male Female
 Address : _____
 _____ Contact No. : _____
 E-mail ID _____
 Referred by Deepti Goyal Contact No. : _____
 For Maternal Screening - Date of Birth :- 01 01 1999
 Weight 46.600 kg. Height : 4 ft 9 inches, LMP 07.11.2017 Ultrasono Report

Billing Information

Client Name : Galaxy Path Lab
 Client ID : _____
 Total Amount : 650
 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 : MSU

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)
Double Marker

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature : Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
<u>Serum</u>	 10223607

Total No. of Vials/Container _____

Specimen Collection Information

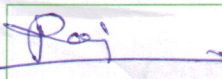
Date : 28.01.2018 Time : _____
 Fasting : Yes No Fasting Period : _____ Hrs.
 Collection by : _____
 Urine Volume : _____ ml Hrs. _____

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 मोल्क्यू 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 मोल्क्यू 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 मोल्क्यू 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 28.01.18

SMT. BIMLA DEVI MEMORIAL CLINIC

888-Saraswati Vihar, Mehrauli Road, Gurgaon-122 002

Dr. Ramesh Goyal

M.B.B.S., M.D. (Paediatrics),
FIAP, PGD DN
I.A.P.-Gold Medalist
Sr. Consultant Child Specialist
(बच्चों के विशेषज्ञ)
9.30 A.M. to 1.00 Noon
5.30 P.M. to 8.00 P.M.

Mob.: 08901036788, 0124-2358770
Email: goyal_dr@hotmail.com

Dr. Deepti Goyal

M.B.B.S., D.G.O., PGD AP
Consultant Gynaecologist & Obstetrician
(स्त्री एवं प्रसूति रोग विशेषज्ञ)
8.00 A.M.
6.00 P.M.
Available on Appointment

Sunday Closed

Facilities Available

- Deliveries
- Genetic & Family Planning Counseling
- Adolescent Counseling
- Development Neurology
- Admission
(• Conditions Apply)

VACCINES

- * BCG
 - * DPT
 - * IPV/OPV
 - * Measles
 - * MMR
 - * Chicken Pox
 - * Typhoid
 - * Hepatitis- A & B (For Jaundice)
 - * DT (Diphtheria & Tetanus)
 - * Rubella
 - * Tetanus Toxoid
 - * H. Influenzae-b
 - * Pneumococcal
 - * Influenza
 - * Meningococcal
 - * Rota Virus
 - * Cervical Cancer
- (All Vaccines Are Available Daily)

VISITING CONSULTANT AT:

PARAS HOSPITAL
Sushant Lok, Phase-I,
Gurgaon

UMA SANJEEVANI HEALTH CARE CENTRE

DLF, Phase-II, Gurgaon
Ph.: 2353629, 2350960

APOLLO CRADLE HOSPITAL

Sector-14, Gurgaon

Ruma. 19yr 25/12/2017

Ameno 1mo 18 days
LMP 7/11/2017

46.45 Kg
120% body

UPT (Self) +ve

CG - G1
ML - 2yr

adu

P/A not significant

1 - Cap habae 100x 5day
2 - Tab Vitagreat 100x 1mo

CG - G1
ML - 2yr

P/A not significant

P/A - Abd soft
BS. ++

47.30 Kg
120% body

23/1/2018

P/A - Abd soft
tally

→ Carb 2 x 1mo

→ Tab. Calcimantol 100 x 10 day
detent 1400ml

Next Visit on.....

NAME: MRS RUMA

FEMALE

DR DEEPTI GOYAL

DATE:27/1/2018

LE VEL-1NUCHAL/EARLY MORPHOLOGY SCAN

Special volume acquisition in 4D was taken for NT calculation

LMP 7 /11/2017 [EDD 14/8/2018] EXP SIZE 11W 4D

CALCULATED SIZE 11 W 6 D [EDD 16/8/2018]

A single Intrauterine live fetus with **VARIABLE** presentation is seen with normal cardiac activity and fetal movements. No evidence of fetal hydrops seen. NEURAL AXIS IS NORMAL. No congenital anomaly seen. Stomach Bubble, Urinary Bladder are visible.No hydronephrosis seen on either side.Humeri and Femur are visible and are congruous.

CRL 4.6 cm
BPD 1.66cm ,FL 6 mm cm AC,4.4cm, HC 6.6 cm

11WEEKS6 DAY
166 / mt

Cervical internal os is closed. No adnexal mass lesion seen.

CERVICAL LENGTH 39 mm

PLACENTA IS ANTERIOR, 2.8 cm from os

AL BONE	<u>VOLUME NUCHAL TRANSLUCENCY</u>	DUCTUS VENOSUS	T/R	FMA
mm alized	.79 mm [5 th -95 th centile]	POSITIVE wave(n)	No T/R SEEN	89 D

Liquor amni volume is normal for the gestational age. No T/R or P/S seen

UTERINE ARTERIES

RI PI
R .73 1.14
L .86 2.23

Average P1 ↓ .58

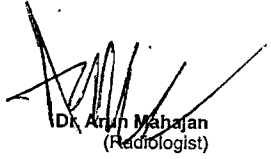
11w6d

OPINION: A single intrauterine live fetus with **VARIABLE** presentation is seen corresponding to 11W 6.D
PLACENTA IS ANTERIOR, 2.8 cm from os

FETAL MEDICINE CODE: 85754

Uterine Arteries
B/L Notching (mean) RI> .55 (50TH CENTILE)
Unilateral Notching(mean) RI> .65 (80TH CENTILE)

DECLARATION OF DR ARUN MAHAJAN CONDUCTING ULTRASONOGRAPHY,Dr.Arun Mahajan declare that while conducting Ultrasound /Imaging on patient RUMA ,I have neither detected nor disclosed the sex of fetus to anyone in any manner



Dr. Arun Mahajan
(Radiologist)

DECLARATION OF DOCTOR/PERSON CONDUCTING ULTRASONOGRAPHY
declare that while conducting Ultrasonography/Imaging/on Patient (Ms as above), I have neither detected nor disclosed the sex of her fetus to anybody in any manner

nic : 309, Galleria, DLF Phase-IV, Gurgaon. Ph.: 0124-4054295 Mobile : 97163 38352, 97163 38357, 98181 62312
Website : drarunmahajan.com, E-mail : mahajandiagnosics@gmail.com

sional opinion and not a final diagnosis. The findings on USC are dependent

Exam

27-01-2018-0018
RUMA
Female

Accession #
Exam Date
Description
Sonographer

27012018

