

**Patient Details**

MRS. GIETA W/o SANJAY  
 First Name: GIETA Last Name: SANJAY  
 Age: 30 Yrs Gender: Male  Female   
 Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 E-mail ID: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 For Maternal Screening - Date of Birth :- DD MM YYYY  
 Weight: \_\_\_\_\_ kg. Height: \_\_\_\_\_ ft \_\_\_\_\_ inches, LMP \_\_\_\_\_ Last Ultrasound Report \_\_\_\_\_

**Billing Information**

Client Name: Health medicals  
 Client ID: SR KANSHIK 162209@gmail  
 Total Amount: 1000  
 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 :  Ambient  Refrigerated  Frozen  
 Date: \_\_\_\_\_ Time : \_\_\_\_\_  
 Patient ID \_\_\_\_\_ No. of vials/container \_\_\_\_\_  
 Signature of Accessioning Officer(s)

**Test Name/Test Code**

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

Doble marker  
Lmip 14-11-17  
D.O.B  
Height  
Weight - 75-6kg

**Instructions to Laboratory/Clinical Information**

**Sent Specimen Information**

Temperature :  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
	<u>Doble marker</u> <u>GRU Tube</u>

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

**Specimen Collection Information**

Date: 16/2/2018 Time : \_\_\_\_\_  
 Fasting : Yes  No  Fasting Period : \_\_\_\_\_ Hrs.  
 Collection by : Mukul  
 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।

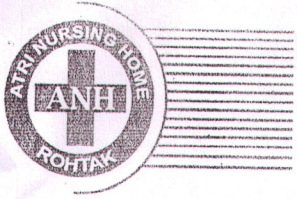
Patient/Client/Doctor's Signature  
 Date: 16/2/2018



July 7 - 12510

OM-7672

10:50 AM



# ATRI NURSING HOME

(Advanced Obst. & Gynae Centre)

Sonepat Road, Rohtak  
www.atrihospital.com

Ph. : 01262-650198  
Mob. : 086077-74555

**Dr. Sangeeta Atri**

M.B.B.S. M.D. (Obst. & Gynae)  
(Reg. No. : HN 4003)

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- Laparoscopic Surgeries
- Infertility

OPD Timing - Monday to Saturday  
Morning - 11.00 AM to 1.30 PM  
Evening - 4.00 PM to 5.00 PM  
Sunday OPD Closed

Name Geeta S/o, D/o, W/o Sanjay Age 30y Date 5-1-18

Patel Hgn  
9034622735

9253027066

BP - 120/80

UMP - 14-11-17

E/DOD - 21-08-18

M.P. 13 years. G<sub>6</sub>P<sub>1</sub> (0/0) A<sub>4</sub> wt. 75-34

PO4 - 7 wk 3 dg

ANC - Regula  
Atr

~~Proteinuria~~

JP1 - wt  
(26-12-17)

obt ny - FM

Cardi

A<sub>1</sub> - 6 months spontaneous abortion x 2010

ESR

Bure

act

A<sub>2</sub> - 6 months spontaneous abortion x 2011

C. Haemogen

C-HPLC HB 11.5

ii

A<sub>3</sub> - 4 months spontaneous abortion (trauma) x 2011

BT

W.N.C

CT

A<sub>4</sub> - 1000

H<sub>1</sub>S Ag - LI

neg

P<sub>1</sub> - PTV D of 7 months female child x Dec. 2016

HLV ab - LI

neg

A<sub>4</sub> - 5 months abortions in July 2017

HIV 1 - LI

NR

VDRL NR

3.510

TS, fe 1-0-97

USG - ov - 5-31-17

FM - 6+2

PHN - 116 b/c

G<sub>6</sub> - continuous spontaneous conception

NO H/O H/TN / DIA / BA / TB

Rad - 84.8

NO H/O any drug allergy

NO significant PM

obt

Cardi

act

अत्री नर्सिंग होम

सोनीपत रोड, रोहतक

Avoid consultation(s) over phone. In case of emergency report to hospital  
Contents of the prescription are not valid for Medico Legal Purpose

SANGEETA ATRI  
M.B.B.S. M.D. (Obst & Gynae)  
Reg No. HN4003  
ATRI NURSING HOME  
21, Sonepat Road, Rohtak



# JANGRA

## DIAGNOSTIC CENTRE

*Dr. Krishan Jangra*  
Consultant Radiologist  
M.B.B.S., D.M.R.D., D.N.B.  
Ex. Registrar, P.G.I.M.S., Rohtak

*Think of Quality Think of Us*

**ULTRASOUND • X-RAY • LABORATORY**

16-February-2018

Regn No 05

Mrs Geeta 30F

Ref BY: Dr. S Atri

USG FOR FWB(NT/NB SCAN)

DLMP: 14-11-2017, EDOD: 25.08.18

Single live intrauterine fetus is seen. Fetal heart pulsations are seen (160bpm)

CRL - 6.61cm, FM - 12 wks 6 day

NT- 1.1mm, nasal bone is normal.

Ductus venosus blood flow is normal.

PLACENTA is anterior and GR-0 maturity. Placental thickness is 13mm.No evidence of sac separation is seen.

Stomach bubble and UB are normal.

Bilateral upper and lower limbs are normal.

Liquor is adequate.

Cervical length is normal. Internal os is closed.

**IMPRESSION: NORMAL PREGNANCY WITH CRL OF 12WKS 6DAYS**

I, Dr. Krishan Jangra, declare that while conducting ultrasonography of the patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Further evaluation & clinical correlation of ultrasound report is suggested.

DR KRISHAN JANGRA  
MBBS,DMRD,DNB  
CONSULTANT RADIOLOGIST  
REGN No. HN 4356

#THANKS FOR REFERENCE#

House No. 707, Opp. Maruti Showroom, Sonapat Road, Rohtak-124001 (Haryana)

☎ : +91-1262-258333 | +91-740-411-7873, +91-981-350-3420 ✉ : drkkj.2k@gmail.com  
Timings : 9.00 A.M. To 7.00 P.M. [Sunday : Till 1.00 P.M.] • Not Valid For Medico-Legal Purpose



बेटी बचाओ  
save the girl child