MOLQ™ LABORATORY

TEST REQUISTION FORM

Patient Details

First Name : MRS. HEMALATA Last Name : SHARMA

Age : 28YRS Gender : Male ☐ Female ☑

Address : _____

_____ Contact No. : 9211222203

E-mail ID _____

Referred by DR. CHETNA JAIN Contact No. : _____

For Maternal Screening - Date of Birth :- D D M M Y Y Y Y

Weight : _____kg. Height : ____ ft ____ inches, LMP _____ Last Ultrasound Report

Billing Information

Client Name : _____

Client ID : _____

Total Amount : _____

Amount Received : _____ Receipt No. : _____

Amount Balance / Due : _____

Payment via : ☐ CASH ☐ CHEQUE ☐ CREDIT

Specimen Type Received (For MolQ use only)

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

Other Sample Type / Source : _____

Received Specimen Information (For MolQ use only)

Temperature : ☐ Ambient ☐ Refrigerated ☐ Frozen

Date: _____ Time : _____

Patient ID _____ No. of vials/container ____

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

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

TSH

Quadruple Marker

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature : ☐ Ambient ☐ Refrigerated ☐ Frozen

Sample / Vial Type	Vial ID Barcode
DOB:- 15.2.1989	
Wt :- 70.6 kg	
HT:- 5'-2"	
	MolQ 10321308

Total No. of Vials/Container _____

Specimen Collection Information

Date: _____ Time : _____

Fasting : Yes ☐ No ☐ Fasting Period : _____ Hrs.

Collection by : HUKAM

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, Uttrakhand. 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 आवशयक 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, उसमे 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 रुप से अंकित किया जाए और गुप्त रुप से रखा जाए, जब इसको नष्ट किया जाए तो पूर्ण रुप से नियम और विनियमता का उपयोग किया जाए। किसी भी प्रकार के मोल्क्यु प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रुप में गुप्त रखा जाएगा। मै 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 प्रयोशाला को सम्पर्क कर सकते है, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखंड है, किसी भी जाँच का मूल्य उसके दिए अधिकत्तम फुटकर मूल्य से अधिक नहीं होगा।

Patient/Client /Doctor's Signature

Date : .....

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs Hema Lata Sharma	**RIS No**	421176
UHID	104000822	**Order Date**	19/02/2018 11:31AM
Age/Gender	28 Yrs/Female	**Report Date**	19/02/2018 12:15PM
Prescribed By	Dr. CHETNA JAIN	**OPD/IPD**	OPD Sec-14
Referred By	Self	**Report Status**	Final

Ultrasound Pregnancy Level II Anomaly

LMP: 08.10.2017
GA (LMP): 19.1 WEEKS.
EDD (LMP): 15.07.2018

A single live intrauterine fetus is seen in changing lie at the time of scanning.

Fetal movements are good. Fetal heart rate is regular and is 157 beats/minute.

Placenta is posterior and normal in echotexture. Lower limit of placenta is well away from the internal os.

Liquor amnii is adequate.

Internal os is closed. Cervical length is normal (4.2 cms).

BIOPHYSICAL PARAMETERS:
B.P.D. : 46.1 mm corresponding to 20.0 weeks.
H.C: 177.1 mm corresponding to 20.1 weeks.
Femur Length : 31.5 mm corresponding to 19.6 weeks.
Humerus length.: 30.7 mm corresponding to 20.1 weeks.
A.C.: 135.7 mm corresponding to 19.0 weeks.
Atrium of Lat. Ventricle: 6.9 mm in width.
Transverse cerebellar diameter: 19.6 mm corresponding to 19.0 weeks.
Cisterna magna: 3.1 mm in depth.
Nuchal fold thickness: 3.0 mm.
Nasal bone length : 4.6 mm which is normal.
Interocular distance.:12.7 mm which is normal.
Binocular distance.: 31.1 mm corresponding to 20.0 weeks.

Cephalic index : 73 (Normal range 70-86).
FL / AC : 23 (Normal range 20-24).
FL / BPD : 68
FL / HC : 18 (Normal range 16-19).
HC/AC.: 1.31 (Normal range 1.09 - 1.26).

DOB- 15.2.1989
Wt :- 70 kg
HT:- 5.2"

Mean Gestational Age:
19.5 WEEKS.
Estimated fetal weight at examination:
295 +/- 43 gms.

iracles Mediclinic (A unit of Arvind Medicare Pvt. Ltd.)
CO 1, 2 & 3, Sector 14, Gurugram - 122001, Haryana I +91 124 479 7600 I clinic14@miracleshealth.com I www.miraclesmediclinic.com
inic also at: Sector 55-56, Gurugram

* MRI/CT Scan available only at Sec. 56 clinic

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs Hema Lata Sharma	**RIS No**	421176
UHID	104000822	**Order Date**	19/02/2018 11:31AM
Age/Gender	28 Yrs/Female	**Report Date**	19/02/2018 12:15PM
Prescribed By	Dr. CHETNA JAIN	**OPD/IPD**	OPD Sec-14
Referred By	Self	**Report Status**	Final

No loop of cord is seen near the fetal neck.

A 8 x 2 mm oblong cyst is seen in the choroid plexus of left lateral ventricle of brain.
Tiny echogenic focus is seen in the left cardiac ventricle.
However no other obvious dysmorphic developmental anomaly was detected at this examination.

Routine survey of the doppler parameters revealed normal flow and ratios in the umbilical and both uterine arteries.

IMPRESSION:
Single live intrauterine fetus of about 19.5 weeks maturity. EDD sonographically is 11.07.2018.

It must be noted that the detailed fetal anomaly may not always be visible due to the technical difficulties related to fetal position, amniotic fluid volume, fetal movement and abdominal wall thickness. Therefore, all fetal anomalies may not necessarily be detected at every examination.

Declaration of the Doctor / Person conducting Ultrasound / Image scanning.
I Dr. Kanu Priya declare that while conducting Ultrasound / Image scanning on patient. I have neither detected nor disclosed the sex of the foetus in any manner.

----------**End Of Report**----------

Mr JAI RAM
TECHNOLOGIST

Dr. KANU PRIYA
MBBS,DNB(Radiology)

iracles Mediclinic (A unit of Arvind Medicare Pvt. Ltd.)
CO 1, 2 & 3, Sector 14, Gurugram - 122001, Haryana | +91 124 479 7600 | clinic14@miracleshealth.com | www.miraclesmediclinic.com
inic also at: Sector 55-56, Gurugram

* MRI/CT Scan available only at Sec. 56 clinic