MSS FORM/TEST REQUISITION FORM

36929

DROPLET

DOUBLE/TRIPLE/ QUADRUPLE MARKER PRENATAL SCREENING TEST

FOR RISK ASSESSMENT OF PATIENT FOR FETAL DOWN SYNDROME (TRISOMY 21) / NEURAL TUBE DEFECT (ONTDs) / EDWARD SYNDROME (TRISOMY 18).

TEST REQUESTED: ☑ DOUBLE MARKER ☐ TRIPLE MARKER ☐ QUADRUPLE MARKER

PERSONAL DETAIL:	MATERNAL RACE:	SAMPLE TYPE:
PATIENT WEIGHT(Kgs) 6	ASIAN ✓	INITIAL SCREENING:
DOB: 04 / 04 / 1995	CAUSCASIAN	REPEAT SAMPLE: /
LMP: 21 / 04 / 2020	AFRICAN	DATE OF LAST COLLECTION ___/___/___
DRUG HISTORY:	OTHER	DATE OF LAST REPORTING ___/___/___

MATERNAL HISTORY:		ULTRASOUND DETAILS:
SMOKING:	YES / NO ✓	*PHOTO / COPY OF RECENT ULTRASOUND: MANDATORY
PAST H/O DOWN SYNDROME	YES / NO ✓	DATE OF ULTRA SOUND: 18 / 07 / 2020
PAST H/O NEURAL TUBE DEFECT	YES / NO ✓	CRL MEASUREMENT (mm): 56 MM
INSULIN DEPENDENT DIABETES	YES / NO ✓	NUCHAL TRANSLUCENCY THICKNESS (mm):
BLEEDING/SPOT IN LAST 2 WEEKS	YES / NO ✓	BPD MEASUREMENT (mm): 17 MM
IVF PREGNANCY	YES / NO ✓	AVERAGE GESTATATIONAL AGE ON THE DAY OF USG: 13 WEEKS
PREVIOUS PREGNANCIES ____ LIVE NO		NAME OF SONOLOGIST: DR. RAMA MANGLA

*** PHOTO / PHOTOCOPY OF RECENT ULTRASOUND IS MANDATORY WITH THIS FORM**

PATIENT NAME: UPASANA	SIGNATURE OF PATIENT: