



# TEST REQUISITION FORM

## Test Name/Test Code

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

Triple Marker

## Patient Details

First Name: Mrs. SHIKHA Last Name: \_\_\_\_\_

Age: 21 yrs Gender: Male  Female

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Referred by: P.R.M.M. CLINIC Contact No: \_\_\_\_\_

For Maternal Screening - Date of Birth: [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

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
- 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: \_\_\_\_\_

## Received Specimen Information (For MolQ use only)

Temperature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ambient

Refrigerated

Frozen Patient ID \_\_\_\_\_ No. of vials/container \_\_\_\_\_

1 2

Signature of Accessioning Officer(s)

**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 the 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 रोगी 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 कराई जाए। इसके पर्यटन में प्रयोगशाला को दोबारा अधिकृत करता हूँ कि जो नमूना जीव के लिये उपलब्ध कराया था, उसमें से बचे हुए नमूने को प्रयोगशाला कभी भी और किसी भी समय किसी भी प्रकार के प्रयोग के लिये उपयोग में ला सकती है। शेष नमूने को पूर्ण रूप से अक्षित किया जाए और गुप्त रूप से रखा जाए और जब इतकी 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 जानकारी को पूर्ण रूप से गुप्त रखा जायेगा। मैं सहमत हूँ कि मेरी मेडिकल रिकॉर्ड और बचे हुए नमूने की वैदैनिक प्रयोग और किसी भी प्रकार के अनुसंधान के लिये उपयोग में लिया जा सकता है।

अस्वीकृति किसी भी जीव सम्बन्धी शिकायत या जानकारी हेतु आप मोल्क्यू प्रयोगशाला को सम्पर्क कर सकते हैं, किसी भी प्रकार की कानूनी जगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखण्ड है, किसी भी जीव का मूल्य उसके लिए अधिकतम कुटकर मूल्य से अधिक नहीं होगा।

## Sent Specimen Information

Temperature:  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
8ST 2007	Molq  11636444

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

## Specimen Collection Information

Date: 13/11/23 Time: 5 PM

Fasting: Yes  No  Fasting Period: \_\_\_\_\_ Hrs.

Collection by: \_\_\_\_\_

Urine Volume \_\_\_\_\_ ml Hrs. \_\_\_\_\_

Patient/Client/Doctor's Signature  
Date \_\_\_\_\_



Ph.: 9868173863

# P. R. MEHTA MEMORIAL CLINIC

RZ-69 Q, Manas Kunj Road, Uttam Nagar, New Delhi-59

**TIMINGS:** Morn.: 10.30 AM to 1.30 PM  
Even.: 5.30 PM to 8.30 PM  
Sunday Evening Closed

Name Shikha Age/Sex 21 Wt. Date 21/7

L.M.P - 11/7.

o/t Pa

Mr.

BP - 110/70

4/5 of fund will be -  
NT/MBSA,

wt 65.35.

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And deplet make

Dr. (Mrs.) MONIKA MEHTA  
B.A.M.S. (DELHI)  
DBCP/0A/4370



To Systol x 100

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To Gynest 20: X 100

Bldg O +ve

BS (R) 90

VD RL: NR

HBSA NR

MI - Nonreale

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18/10  
R

TSH 2.28

MRLE

HCV

STD 4/20  
" "

23

Q III

Rbt al x 100



# Dr. Singhal's Ultrasound Lab

K1/9, Near Raj Mandir  
Main Road Rajapuri, Opp. Sec-5, Dwarka  
E-mail: dr.singhalsimaginglab@gmail.com  
Tel.: 011-45604337, 7533014800, 9318337975

PATIENTS' NAME : MRS SHIKHA

21 YRS./F

SR No. 61706

DATED : 14-10-2023

## ULTRASOUND – OBSTETRICS NT/NB

LMP = 11-07-2023 GA= 13 weeks 4 day . . . EDD= 16-04-2024)

Single live fetus is seen in-utero in variable presentation. Fetal movements normal.

CRL = 70 mm (13 weeks 1 days)

Biparietal diameter (B.P.D.) = 20 mm. (13 weeks 2 days)

Head Circumference (H.C.) = 74 mm. (13 weeks 1 days)

Abdominal circumference (A.C.) = 66 mm (13 weeks 2 days)

FL = 10 mm (13 weeks 1 days)

Period of gestation by Ultrasound = 13 weeks 1 day

Expected date of delivery by USG = 19-04-2024

Fetal cardiac activity is regular & rhythmic. FHR = 149 bpm.

Amniotic fluid is adequate.

**NB= 3mm seen; NT= 1.5mm**

Placenta is on anterior wall, grade 0 maturity. 1cm away from IOS

Cervical length= 53mm; IOS closed.

No gross congenital anomaly is seen.

Ductus venosus shows normal forward flows.

**IMPRESSION : SINGLE LIVE FETUS IN-UTERO OF P.O.G. = 13 weeks 1 day ± 1 week.**

Disclaimer: I Dr VIKAS SINGHAL, have performed the ultrasound scanning on mrs SHIKHA and have not divulged the sex of the fetus to her or anyone in her family.

DR. VIKAS SINGHAL MBBS, DNB

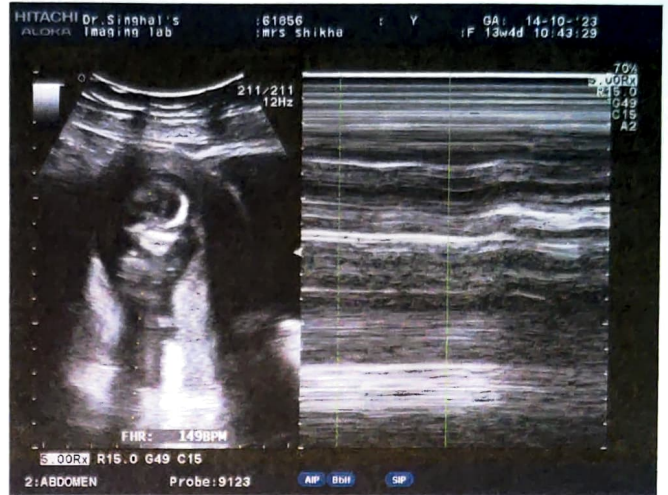
(Consultant Radiologist)

DMC Regn. No. 45116

(Note : Detailed morphological assessment of the fetus has not been done in present scan)

❖ कोई भी एक अल्ट्रासाउण्ड रु. 500/- में ❖ सभी खून जाँच पर 50% प्रतिशत तक की छूट





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History 14-10-2023

Patient Information  
 ID : 61856  
 Name : mrs shikha  
 Sex : Female  
 Date of birth : GRAV  
 Height : PARA  
 LMP : 11-07-2023  
 LMP-GA: 13w4d Composite US-GA: 13w1d  
 LMP-EDC: 16-04-2024 US-EDC: 19-04-2024  
 Age Occupation ECTO  
 AB

<Comments>

<Measurements & Age Estimate>

CRL (Hadlock)	70mm	13w1d ±**d	✓
BPD (Hadlock84)	20mm	13w2d ±8d	✓
HC (Hadlock84)	74mm	13w1d ±8d	✓
AC (Hadlock84)	66mm	13w2d ±12d	✓
FL (Hadlock84)	10mm	13w1d ±10d	✓

<Fetal Weight Estimate>

FW (Hadlock3)	70g	12w8d (70-99)	✓
FW (Hadlock5)	71g	12w6d (70-99)	✓

<Fetal Ratio Estimate>

HC/AC (Campbell)	1.12	1.14-1.31	✓
FL/HC (Hadlock)	0.14	***-***	✓
FL/BPD (Hohler)	0.51	***-***	✓
FL/AC (Hadlock)	0.16	***-***	✓

FHR : 149BPM

LMP-GA US-GA  
FW (Hadlock)

10 500 4500 10 40wks < 10-50-90%ile >