



CAM PATH LAB

(A UNIT OF CAM HEALTH CARE PRIVATE LIMITED)
 SCF 35, PHASE XI (SECTOR 65) MOHALI (PUNJAB)-160062
 HELPLINE NO: 01 72-2230000 (7 LINES)
 Web: Campathlab.Com Email: Info@Campathlab.Com

QUADRUPLE MARKER RISK FACTOR ANALYSIS PATIENT HISTORY

(Applicable Only For Pregnancy Of 14 Weeks to 22.6 weeks Only)

To,
 The Pathologist,
 Cam Path lab.
 SCF 35 Phase IX
 Mohali - 160062

Code
Bar: _____
Source : _____
Sample Collection Date : _____

Dear Sir/ Madam,
 I Am Referring A Sample For Prenatal Risk Analysis .The Details Of The Sample Are As Follows:

Patient Name : _____ Contact no. _____

Specimen For This Pregnancy Is First Serum Repeat Serum Amnotic Fluid

Maternal Birth Date (mm/dd/yyyy). _____ Weight In Kgs _____

Diabetic (Write Yes/ No) _____ Smoking (Write Yes/No) _____

Origin (Write Indian/If Other Specify) : _____

LMP Date (mm/dd/yyyy) _____ Pregnancy Type (Write Single/Twin/Triple) _____

Purpose : Screening/ Follow Up, _____ IVF: Yes/No _____

Previous Pregnancy History (No. Of Children) _____

USG Report details (attach a copy of the report) _____ USG Report Date _____

BPD	FL	HC

Referring Dr's Name: _____ Referring Dr's Signature _____

LAB USE:

	AFP	BHCG	E3	INHABIN A
VALUE				
CORRECTED MOM				

Remarks of Pathologist: _____

ONLY LAB USE
Accession _____
Date Received _____
Signature _____