



CAM PATH LAB

(A UNIT OF CAM HEALTH CARE PRIVATE LIMITED)
SCF 35, PHASE XI (SECTOR 65) MOHALI (PUNJAB)-160062
PHONE :0172-5122299 HELPLINE NO: 0172-2230000 (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

Bar Code : _____

Source Code _____

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 Amniotic 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) : _____

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

Referring Dr's Contact No. : _____ Prescription _____

For LAB USE:

	AFP	BHCG	E3
VALUE			
CORRECTED MOM			

Remarks of Pathologist: _____

ONLY LAB USE

Accession _____

Date Received _____

Signature _____