



## CAM PATH LAB

( A UNIT OF CAM HEALTH CARE PRIVATE LIMITED)  
 SCF 35, PHASE XI (SECTOR 65) MOHALI (PUNJAB)-160062  
 HELPLINE NO: 0172-2230000 (7 LINES)  
 Web: [Campathlab.Com](http://Campathlab.Com) Email: [Info@Campathlab.Com](mailto:Info@Campathlab.Com)

### TRIPLE 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, \_\_\_\_\_ !VF: 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 \_\_\_\_\_

**FOR LAB USE:**

VALUE	AFP	BHCG	E3
<b>CORRECTED MOM</b>			

Remarks of Pathologist: \_\_\_\_\_

**ONLY LAB USE**

Accession \_\_\_\_\_

Date Received \_\_\_\_\_

Signature \_\_\_\_\_