

BHIDE LABORATORY SERVICES

DETAILS REQUIRED FOR DUAL/TRIPLE /QUAUDRUPLE MARERS

1. Patient name
2. Date of Birth
3. Weight
4. h/o Insulin dependent Diabetes
5. Smoking
6. Previous Trisomy 21 baby
7. Is it a IFV PREGNANCY?
 - a. If IVf : Self or Donor
 - b. If Egg donor then Date of birth of egg donor
8. Date of sample Collection

Requirements of Sono report

Dual Marker : CRL measurement with BT measurement and mention of nasal bone.

Triple / Quad : Gestational age

For both tests : No. of Fetus

Timing of tests

Dual marker : 11 wks to 13.6 wks

Triple / quadruple marker : 15 to 22.6

Please try to send history and Sono report along with sample. Please write birth date and weight on the sono report front side . Please do not send images

Please write Sample no (Barcode) on sono report

We will not process sample if Patient age is less than 18 years