



- Suffer
- obese
- medically Free
- Not smoker

File No.: 039158

Nationality: Q

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039158
Name: SARAH ALI MASOUD ALMARR
QID No: 29768200059 Sex: Female
Mob: 33100287 ADDRESS: ABU NAKHLA

Age: 26 yrs

Marital Status: 2+2 yrs

band's Name: Talib Hadi Almarri

Residence Phone:

ile Phone:

SYMPTOMS:

want's to conceive - Staged
together all time - S.R 11wk - Sat 2 Factory
No previous ovulation induction cycle - Husband diagnosed
? varicocele.

Medical History:

medically Free

P.H. Not S.G.mtd

F.H. Dm mtd

MENSTRUAL HISTORY:

Menarche: 15 ys

Menstrual Habits: Regular every 30 days - 7 days

Menstrual Symptoms: N.A. same

Parity: P 0

Abortion 0

Ectopic

LCB

EXAMINATION

General Examination: Ht. 140 cm Wt. 40.7 Kg BMI 11-6-24
Slm, coop, stable personality

Chest, C.V.S. NAD

Abdomen: NAD

Breasts: NAD - Small breasts

PELVIC EXAMINATION:

Speculum Exam. Normal vagina, vagina - single cx, copious

Bimanual Exam. white disch end.

Rectal Exam.

Investigation Requested:

Bicornuate uterus both are same
size - 7 have normal C.B endomet R to ov - low
reserve Lt NIS N echo

Diagnosis:

Primary INF, Monilial vaginitis Bicornuate U

Plan of Management:

BFA ↓ count 8 millions

Next Appointment:

HVS

S. misesthore



مختبرات ألفا
Alpha laboratories W.L.L.
For Best Quality

MICROBIOLOGY

Name : SARAH ALI ALMARRI
Sex/Age : F/ 26 y / 0 m / 27 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr. Leila Hamid
Ref. By Clinic : DR.LEILA

Lab No : 222879
AL No : 61220
Entrance Tm: 03-JUL-2024 18:25:18
Exit Date : 06-JUL-2024 12:47:31
Ext. Ref. Num.: 039158

TESTS

RESULTS

Microbiology:

Test Name:

High Vaginal Swab C/S

Specimen:

Vaginal Swab

Gram Stain:

:

Pus Cells/h.p.f:

Moderate

Epithelial Cells/h.p.f:

Moderate

Gram Positive Bacilli(lactobacilli):

Moderate

Yeast Cells:

Nil

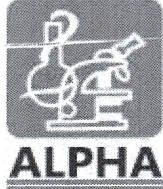
Result:

Normal Flora of Female genital tract grown after 48 hours of incubation.

Comments: The most common kinds of Vaginal infections are:

- " Bacterial vaginosis.
- " Candida or "yeast" infections.
- " Gonorrhea.
- " Trichomoniasis.
- " Chlamydia.
- " Reactions or allergies (non-infectious vaginitis)
- " Viral vaginitis(HPV)
- " Genital Herpes
- " Genital warts
- " Rarely Urea plasma and Mycoplasma.

Bacterial cultures are performed to isolate and identify the Bacterial, Candida and Gonorrhea infection. Culture negative samples are advised to correlate with the clinical symptoms, and advised for appropriate Prophylaxis.



ENDOCRINOLOGY

61220

Name : SARAH ALI ALMARRI
Sex/Age : F/ 26 y / 0 m / 24 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr. Leila Hamid
Ref. By Clinic : DR.LEILA

Lab No : 222756
AL No : 61220
Entrance Tm: 03-JUL-2024 18:25:18
Exit Date : 03-JUL-2024 20:15:17
Ext. Ref. Num.: 039158

TEST	RESULT	UNIT	REFERENCE VALUE
Progesterone	13.79	ng/ml	Follicular : <0.54 Luteal : 1.5-20 Ovulation: 0.25-6.22 Menopause: <0.41 Pregnant Females: First Trimester: 2.8-147.3 Second Trimester: 22.5-95.3 Third Trimester: 27.9-242.5
repeated and confirmed			

Lab Tech Name. : AZHAR_LAB



MICROBIOLOGY

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Nationality : Qatar
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TEST RESULT REPORT

Patient Name : Mr. TALIB HADI T H ALMARRI
Age/Gender : 30 Y / Male Qatar ID : 29363404622
Sample Collected : At Lab
Ref By Clinic :
Ref By Doctor : Dr. Firdos Ummunnisa

Accession No : 030309333
Patient UID : MHLQ48603
Entrance Date : 05-09-2023 21:21
Exit Date : 05-09-2023 23:57
Ext.Ref.Num :



Scan The QRCode
To Retrieve the Report

MISCELLANEOUS

Normal Semen Parameters as per W.H.O. Manual:

Volume : ≥ 1.5 ml
PH : ≥ 7.2
Viability : 58% or more
Sperm Concentration : ≥ 15
Total Sperm Count : ≥ 39 million per ejaculate
Morphology : $\geq 4\%$
Motility : 32% Rapid Linear Progressive Activity (A)
Within 1 hour of collection : or 40% or more Forward Progressive Motility (A+B)

Correlation of Sperm Motility as per W.H.O Criteria and MacLeod Grades

(A) Rapid Linear Progressive Motility Includes MacLeod's Grade IV & III

Grade IV : Excellent Swift Progressive Motility
Grade III : Moderate Progressive Motility

(B) Sluggish Linear Progressive Motility Corresponds to MacLeod's Grade II

Grade II : Struggling Progressive Motility

(C) Non-Progressive Motility Corresponds to MacLeod's Grade I

Grade I : Poor sluggish Non-Progressive Motility

----- End of Report -----

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Shiju Nelliyyulla Parambath

(MOPH-LS-:A4737)
Sr. Laboratory Technologist


Dr. Somaia Mohamed Abd El Monem Ramdan

Laboratory Medicine,
Anatomical&Clinical Pathology


Dr. Somaia Mohamed Abd El Monem Ramdan

(MOPH: LS:P496)
Laboratory Medicine,
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MISCELLANEOUS

Semen Examination

Method of Collection: Masturbation
Spillage: Nil

Specimen Collected at: 09:21 PM

Physical Examination:

Volume : 3.0 ml.
Appearance : Gray White.
Self Liquefaction : 30 Minutes.
Viscosity : Viscous.

Chemical Examination:

Ph : 8.0

Microscopic Examination: Sperm Count

No. of spermatozoa per ml : 8.1 million/ml.
No. of sperms per ejaculate : 24.3 million/ejaculate.

Viability: Motility		
Grade	Types of Motility	Percentage
A	Rapid Linear Progressive	03 %
B	Sluggish Linear Progressive	15 %
A+B	Total Forward Progression	18 %
C	Non-Progressive	10 %
D	Immotile sperms	72 %

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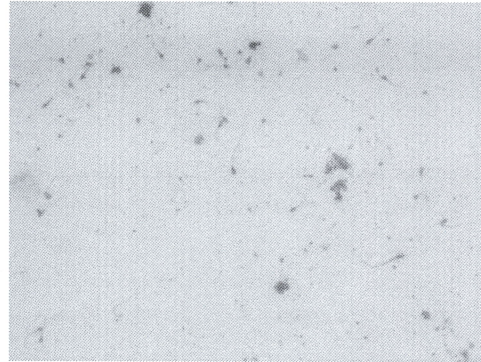
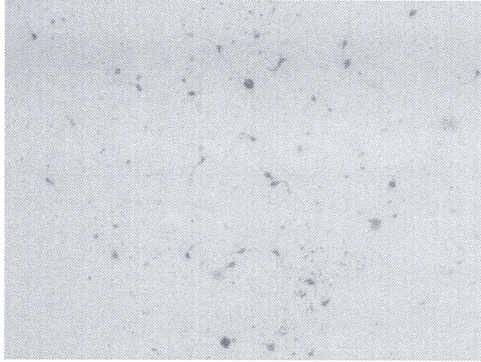


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MISCELLANEOUS

Cell Morphology:

Normal Forms	Abnormal Forms
Stained smear shows about 14% spermatozoa with normal morphology.	Stained smear shows about 86% are abnormal forms, mostly of head abnormalities.



Cellular Elements:

Epithelial Cells : Nil
Pus Cells : 5 - 6 /hpf.
Red Blood Cells : 1 - 3 /hpf.
Sperm Clumps : Seen(Few), <10 spermatozoa per agglutination(Grade1).
Trichomonas : Nil.
Candida : Nil.
Spermatogenic cells : Present

Printed On : 06-09-2023 07:59 Page 2 of 3

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MEDICAL REFERRAL LETTER

GYNE AND GENERAL PATIENT'S

To Doctor : WLR C ACU

From : DR. LEILA HAMID MEDICAL CENTER

Patient's Name: Sarah Ali Masoud Al Marri

Age: 26 Nationality: Qat

Is P 0 Abortion 0 Ectopic 0

☐ LOW RISK

☐ HIGH RISK

☒ INF *male factor : oligosp*

☐ OTHERS *Married for 2 1/2 yrs*

Referred To :

☒ For Booking to OPD

☐ E R

S.R once / wk - ?!

Used R private sector - No pregn

She: No regular periods & cycles

No R of INF

Uls: Bicarbonate ut

Uls for folliculometry not done

yet, Referred to you for IVC

c thanks for coop

د. ليلى حامد
Dr. Leila Hamid
استشارية نسائية وتوليد
ترخيص رقم P832

Referred By:

Doctor's Name:

Dr. Leila Hamid

Date: 5/7/2024





نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطبية المعالج لي لمقابلي وأجراء الكشف علي والقيام بتشخيصي ومعالجتي بالأدوية أو العقاقير أو عمليات إن إحتاج الأمر ، وأنا أدرك أن من مسؤوليتي الحضور في الوقت المحدد لمواعيدي واتباع أوامر الطبيب المعالج لي كما أدرك بأنني لدي الحق في طلب رأي ثاني لو لم أكن راضيا / راضية عن الرعاية المقدمة لي.

وأوافق على أي اجراء فحص طبي إن طلب مني من أجل تقديم رعاية طبية صحيحة.

وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

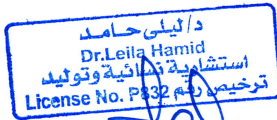
اسم المريض / المريضة: سارة علي الحري

3/7/2024

التاريخ:

ملف رقم: 039158

التوقيع: سارة علي الحري



Date 3 / 7 / 2024

New Patient Registration Form

Full Name سارة علي محمد الإسم الكامل

Date of Birth 8 / 12 / 1997 تاريخ الميلاد

Marital Status ☐ Single / أعزب ☒ Married / متزوج ☐ Divorced / مطلق ☐ Widowed / أرمل

Gender: ☐ Male / ذكر ☒ Female / أنثى Nationality فلسطينية الجنسية

Occupation كاتبة اعلام المهنة

I.D Number 29768200059 رقم البطاقة الشخصية

Telephone No. (Home) — رقم الهاتف المنزلي

Mobile Number 33100287 رقم الجوال

Emergency Contact Person أمي أقرب الأقارب

Emergency Contact Number 55354107 رقم هاتف

Address: Building No. Zone No. Street No. العنوان:

رقم البناية 26 رقم المنطقة رقم الشارع العنوان:

How did you hear about our Center من أين سمعت عن مركزنا؟

☐ Advertisements / إعلانات ☐ Referral by doctor ☒ Friends & Relatives / أصدقاء وأقارب

☐ Others / أخرى

How do you want us to address you ? كيف تفضل أن نناديك ؟

☐ By Name / بالإسم ☐ By No / بالرقم ☐ Others (please specify) / حدد الطريقة التي تفضلها

I receive my Rights & Responsibilities إستلمت قائمة حقوق و مسؤوليات المريض

Signature التوقيع

File Number 039158

State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



ID. No: 29768200059

الرقم:

D.O.B. 08/12/1997

تاريخ الميلاد:

Nationality:

QATAR

قطريه

الجنسية:

Date of expiry:

26/11/2028

الصلاحية:



الاسم: ساره علي مسعود العوير المري

Name: SARAH ALI M A ALMARRI

منطقة 71 - شارع 660 - مبنى 21

العنوان:

Serial No:

7173420230272508

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature

