

CASE REPORT FORM - India Site

Subject Number: XXXXX

Site Number 01
Principal Investigator: Dr. Suresh.
Medican systems
No. 197, Dr. Natesan Road, Mylapore
Chennai 600000, India

Visit Date

Date of inclusion visit (date informed consent is signed dd/MM/yyyy):

13/08/2022

Did the subject receive a copy of the signed consent?

☐ Yes

☐ No

Project scan visit number

☒ First

☐ Second

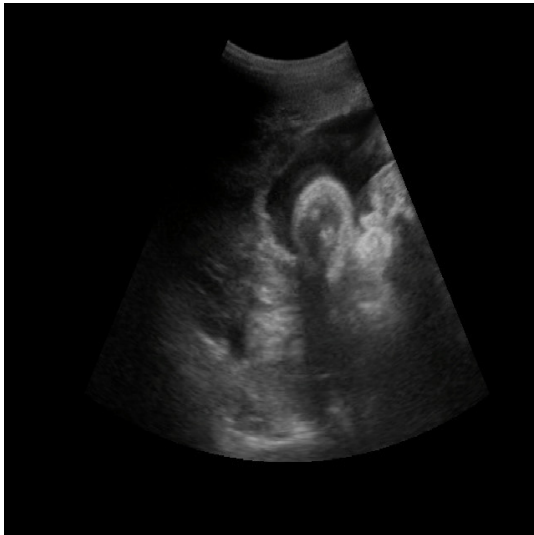
Patient Details

Height	Weight	BMI
165 cm	62 kg	10.5

Ultrasound parameters

FHR	GA	Placenta Location	MVP
23	24	Right-Lateral	10.5

Image:



Summary

This is my summary.

Signed By

Dr. Himadri