ACIBADEM

LM-OrT-FR-019	PRENATAL SCREENING TESTS INFORMATION FORM

SELECT THE RELEVANT TEST

□ C8461406 1st Trimester Prenatal Screening Test-Combination Test (Double Test)
□ C8461405 2nd Trimester Prenatal Screening Test (Triple Test)
□ C8461407 2nd Trimester Prenatal Screening Test (Quadruple Test)
□ C8461409 Prenatal Screening Test, Integrated Test
□ C8210504 Alpha Fetoprotein (AFP), Maternal Serum
□ C8461407 Alpha Fetoprotein (AFP), Amniotic Fluid

PERSONAL DATA

Name, Surname					**Birth Date**	**……/……./……**
					Number of Pregnancy	
Reference No					**Last Menstrual Date**	**……/……./……**
Race	**White**		**Black**		**Maternal Weight**	**……kg**
Smoking	**Yes**		**No**		**Ultrasonography Date**	**……/……./……**
Insulin Dependent DM	**Yes**		**No**		**Sampling Date**	**……/……./……**

Number of Fetus	**Single**		**Twin**		→	**Monochorionic, Monoamniotic**
						Monochorionic, Diamniotic
						Dichorionic, Diamniotic
IVF	**Yes**		**No**			
Nasal Bonw	**Present**		**Absent**			
	Not evaluated					
NTD in previous pregnancies?	**No**		**Yes**			
Chromosome anomalies in previous pregnancies?	**No**		**Yes**		→	**Trisomy 21**
						Trisomy 13
						Trisomy 18
						Other

For 1st Trimester;		**For 2nd Trimester;**	
CRL (Crown Rump Length)	**……..mm**	**BPD (Biparietal Diameter)**	**……mm**
NT(Nuchal Translucency)	**……mm**	**Corrected gestational age (BPD)**	**…….week……day**

Note of Physician to the Laboratory	

Warnings:

For 1st Trimester Screening Test, CRL must be between 43.0-83.9 mm and corrected gestational age (CRL) must be between 11 weeks-13 weeks 6 days.
For 1st Trimester Screening Test, blood sampling and USG must be at the same day.
For 2nd Trimester Screening Test (Triple/Quadruple), gestational age must be between 15-21 weeks (In clusive of 15th and 21st weeks) and BPD must be between 29.7-52.0 mm.
In multiple pregnancies, USG data should be mentioned for each fetus.
The risk for twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs.
It is recommended that the obstetricians should be certified for NT and nasal bone measurements.
As the statistical risk calculation depends on the accurate information on the **"Prenatal Screening Tests Information Form"** it must be fully completed and confirmed.

REQUESTED BY PHYSICIAN (NAME-SURNAME/SIGNATURE/TELEPHONE NO)	FORM FILLED BY (NAME-SURNAME/DATE/SIGNATURE)	CONTROLLED BY (NAME-SURNAME/DATE/SIGNATURE)