

LM-OrT-FR-019	PRENATAL SCREENING TESTS INFORMATION FORM
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Choose one of the tests below:

<input type="checkbox"/> 1 st Trimester Prenatal Screening Test-Combination Test (Double Test)	<input type="checkbox"/> Prenatal Screening Test, Integrated Test
<input type="checkbox"/> 2 nd Trimester Prenatal Screening Test (Triple Test)	<input type="checkbox"/> Alpha Fetoprotein (AFP), Maternal Serum
<input type="checkbox"/> 2 nd Trimester Prenatal Screening Test (Quadruple Test)	<input type="checkbox"/> Alpha Fetoprotein (AFP), Amniotic Fluid

PERSONAL DATA				
Name, Surname				
Reference No				
Race	White		Black	
Smoking	Yes		No	
Insulin Dependent DM	Yes		No	
Birth Date/...../.....			
Number of Pregnancy				
Last Menstrual Date/...../.....			
Maternal Weightkg			
Ultrasonography Date/...../.....			
Sampling Date/...../.....			

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

For 1st Trimester;			
CRL (Crown Rump Length)mm	NT (Nuchal Translucency)mm
For 2nd Trimester;			
BPD (Biparietal Diameter)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 (Inclusive 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