Specimen Type: Check appropriate test and fill in requested information (Only one sample per form).

See screening requirements below *

Serum (2 mL of serum)

☐ Integrated Screen First Trimester Draw
☐ Integrated Screen Second Trimester Draw
☐ Quad Screen: AFP, hCG, uE3, Inhibin
☐ NTD Screen: AFP only (if First Trimester Screening or CVS was done)
☐ First Trimester Screen ONLY

Amniotic Fluid
☐ AFP

DATE COLLECTED: / / year

Patient's weight

_____ lbs _____ kg

Patient is carrying
☐ Singleton ☐ Twins

Is patient taking insulin for diabetes?
☐ Yes ☐ No

Previous child/pregnancy with Neural Tube Defect
☐ Yes ☐ No

Previous child/pregnancy with Down Syndrome
☐ Yes ☐ No

Comment:

Patient's Last Menstrual Period

Date: / / year

Ultrasound (sonogram) if performed

Date: / / year

Crown Rump Length (CRL) (required for Integrated or First Trimester)

_____ mm _____ cm

Biparietal Diameter (BPD)

_____ mm _____ cm

Nuchal Translucency (NT)

_____ mm Date: / / year

Sonographer Name:

Sonographer Certification #:

* Screening Requirements

Integrated Screen First Trimester
• Serum sample drawn when CRL is between 32-80 mm

Integrated Screen Second Trimester
• Serum sample drawn between 15-20 weeks

Quad Screen
• Serum sample drawn between 15-20 weeks

NTD Screen
• Serum sample drawn between 15-20 weeks

First Trimester Screening Only
• Serum sample drawn when CRL is between 32-80 mm
• Required NT measured by sonographer certified by FMF, SMFM, MFMF or NTQR