

Maternal testing clinical information



Patient name:

DOB:

MRN:

With NT measurements		Without NT measurements	
First trimester screen with NT 13499/LAB13499, LC # 017500		Alpha-fetoprotein (AFP) tetra profile 13498/LAB13498, LC #017319	
Patient weight:		Gestational age:	
# of fetuses:	1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> *	Date patient was the stated gestational age (mm/dd/yyyy):	
Race:		Gestational age determined by:	LMP <input type="checkbox"/> EDD <input type="checkbox"/> US <input type="checkbox"/>
Insulin dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date LMP/EDD/US (mm/dd/yyyy):	
NT measurement (mm):		Patient weight:	
CRL measurement (mm):		Race:	
CRL date (mm/dd/yyyy):		Insulin dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sonographer name:		# of fetuses:	1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> *
Sonographer ID:		Alpha-fetoprotein (AFP) 13494/LAB13494, LC#010801	
Reading MD name:		Gestational age:	
Reading MD ID:		Date patient was the stated gestational age (mm/dd/yyyy):	
Sequential 1 13500/LAB13500, LC#017700		Gestational age determined by:	LMP <input type="checkbox"/> EDD <input type="checkbox"/> US <input type="checkbox"/>
Patient weight:		Date LMP/EDD/US (mm/dd/yyyy):	
# of fetuses:	1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> *	Patient weight:	
Race:		Race:	
Insulin dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insulin dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NT measurement (mm):		# of fetuses:	1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> *
CRL measurement (mm):		Integrated 1 without NT 13688/LAB13688, LC# 017200	
CRL date (mm/dd/yyyy):		Gestational age:	
Sonographer name:		Date patient was the stated gestational age (mm/dd/yyyy):	
Sonographer ID:		Gestational age determined by:	LMP <input type="checkbox"/> EDD <input type="checkbox"/> US <input type="checkbox"/> CRL <input type="checkbox"/>
Reading MD name:		Date LMP/EDD/US/CRL (mm/dd/yy):	
Reading MD ID:		Patient weight:	
Integrated 1 13497/LAB13497, LC #017100		Race:	
Patient weight:		Insulin dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of fetuses:	1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> *	# of fetuses:	1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> *
Race:		CRL measurement (mm):	
Insulin dependent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Integrated 2 without NT 13689/LAB13689, LC #017270	
NT measurement (mm):		Patient's most recent weight:	
CRL measurement (mm):		Optional information (applies to all tests)	
CRL date (mm/dd/yyyy):		Egg donor status:	
Sonographer name:		Egg donor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sonographer ID:		Egg donor:	Self <input type="checkbox"/> Non-self <input type="checkbox"/>
Reading MD name:		Age of donor at retrieval (yrs):	
Reading MD ID:		Family history of NTD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sequential 2 13501/LAB13501, LC #017750		Previous pregnancy w/ Down Syndrome?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient's most recent weight:		Relevant clinical history:	
Integrated 2 13496/LAB13496, LC#017170			
Patient's most recent weight:			

* With >2 fetuses, you will receive raw values, but no risk assessment calculations