

## Maternal Serum Screening

Submit additional information when ordering AFP Maternal, AFP Tetra, AFP Triple, First Trimester, Integrated or Sequential testing.

Patient Name: \_\_\_\_\_

Req/CTRL # \_\_\_\_\_

Patient ID: \_\_\_\_\_

Required Information

Patient Weight \_\_\_\_\_ lbs  
 **Yes**  **No** Is patient an insulin dependent diabetic?  
 # of Fetuses  1  2  Other \_\_\_\_\_  
 Patient Race  **Cauc**  **Hispanic**  **Black**  
 **Asian**  **Amer Ind**  **Other**  
 **Yes**  **No** Is this a donor egg? If yes,  
 Age of donor at egg retrieval: \_\_\_\_\_ years

Clinical History

**Yes**  **No** Prior Down Syndrome/ONTD Screen in current Pregnancy? If yes, prior test was:  
 in 1<sup>st</sup> Tri  in 2<sup>nd</sup> Tri  elevated msAFP  
 **Yes**  **No** Family history of NTD?  
 **Yes**  **No** Previous pregnancy with Down Syndrome?  
 **Yes**  **No** Other indications: \_\_\_\_\_

**Tests Without Nuchal Translucency** (Required Information)

Serum Integrated 1 (PAPP-A) 3mL GEL  
 Serum Integrated 2 (AFP, uE3, hCG, DIA) 5mL GEL  
 AFP Tetra (AFP, uE3, hCG, DIA) 5mL GEL  
 AFP X-tra (AFP, uE3, hCG) 3mL GEL  
 msAFP (AFP) 3mL GEL

Gestational Age: \_\_\_\_\_ wks \_\_\_\_\_ days On date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Method:  LMP  EDC/EDD  U/S

**Tests With Nuchal Translucency** (Required Information)

1<sup>st</sup> Trimester Screen (PAPP-A, hCG, DIA) 3mL GEL  
 Sequential Part 1 (PAPP-A, hCG) 3mL GEL  
 Sequential Part 2\* (AFP, uE3, hCG, DIA) 5mL GEL  
 Integrated Part 1 (PAPP-A) 3mL GEL  
 Integrated Part 2\* (AFP, uE3, hCG, DIA) 5mL GEL

CRL date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CRL \_\_\_\_\_ mm (45.0-84.0) NT \_\_\_\_\_ mm  
 Twin B, if applicable CRL \_\_\_\_\_ mm (45.0-84.0) NT \_\_\_\_\_ mm

Chorionicity:  Mono  DI  Unknown

Sonographer Name<sup>+</sup>: Last \_\_\_\_\_ First \_\_\_\_\_

Sonographer ID #: \_\_\_\_\_ Credentialed by  NTQR  FMF  Other

Site ID#: \_\_\_\_\_ Reading MD ID #: \_\_\_\_\_

Nasal Bone (NB):  Not Evaluated  Present  Absent NB, twin B:  Present  Absent

If NB data provided, please check YES under "Other Indications" above in Clinical History

---Accessioning Instructions: Enter Nasal Bone data in the AFP comment field---

\*Gestational age will be based on CRL data provided for Part 1. Integrated & Sequential Testing options require 2 specimens within a specified period. Part 2 follow-up information will be listed on the Part 1 report.

\* The NT and nasal bone must be performed by a sonographer credentialed by the FMF, NTQR or equivalent entity

NT MEASUREMENTS