CLINICAL PATHOLOGY LABORATORIES
A Sonic Healthcare Company

B6981284

Patient History for Maternal Serum Screening

1. Please check the applicable test below.
2. If test requires NT measurement, patient must get ultrasound first. Ultrasound must be performed by an NT certified Sonographer (FMF/NTQR).
3. The completed history sheet will be submitted to the laboratory along with the specimen for testing.

❑ 2616 First Trimester Screen + @ > (GA, 10w 3d – 13w 6d) NT Measurement Required	❑ 5624 Integrated*Screen*SM @ > NT Measurement Required Sample 1 (GA, 10w 3d – 13w 6d) Sample 2 (GA, 15w 0d – 21w 6d)
■ 2617 Maternal AFP for NTD @ (GA, 14wod – 21w 6d)	❑ 4087 *Serum*Integrated*Screen*SM @ > Sample 1 (GA, 10w 3d – 13w 6d) Sample 2 (GA, 15w 0d – 21w 6d)
❑ 5375 Quad Screen @ > (GA, 14wod – 21w 6d)	❑ 5780 Sequential*Screen*SM @ > NT Measurement Required Sample 1 (GA, 10w 3d – 13w 6d)
**JACQUELYN BECCUE 07/15/1985 **ACCOUNT 52712	❑ 4059 Sequential*Screen*SM @ > NT Measurement Required Sample 2 (GA, 15w 0d – 21w 6d)

Patient Name: Patient DOB: If pregnancy is from a donor egg, donor DOB:

Requesting Physician: Account Number: If Pt own egg, how long was it frozen?

Pregnancy Information used in Risk Calculations

Maternal Weight: 138 lbs. Testing: ■ Initial ❑ Repeat

Family History of Neural Tube Defect: ❑ Yes ❑ No Pre-existing Insulin Dependent DM: ❑ Yes ■ No

Maternal Race (please check): ❑ Caucasian ❑ Hispanic ❑ African American ❑ Asian ❑ Other _____

Current Smoker: ❑ Yes ■ No Number of Fetuses: 1 If twins: ❑ Dichorionic ❑ Monochorionic

Gestational Age: Determined by:

❑ Sonogram: Date of Sonogram: _____ GA at Sonogram: _____ weeks _____ days

Or ■ LMP: 05/22/23 (mm/dd/yy) Family History of Down Syndrome: ❑ Yes ❑ No

Comment: EDD 02/26/24

First Trimester Sonogram Information

Date Performed: _____ Location: _____

NT: Singleton _____mm Twin A _____mm Twin B _____mm

CRL: Singleton _____mm Twin A _____mm Twin B _____mm

Sonographer: _____ FMF/NTQR#: _____ State: _____

Nasal Bones: ❑ Present ❑ Absent

Other clinical information: _____

PLEASE DIRECT ALL INQUIRIES REGARDING THIS TEST TO CPL AT 1-800-633-4757 or 512-873-1600