



Maternal Recalculation Form

NOTE: Test must be FINAL for recalculation

Please indicate which test is to be updated

☐ **Maternal AFP (#2617)**
Cutoff for MAFP, QUAD: (14w – 21w6d)

☐ **Quad Screen (#5375)**

☐ **First Screen (#2616)**
Cutoff for First Screen: (10w – 13w6d)

Accession #: _____

Date: _____

Patient Name: _____

CSR Name: _____

Physician Office Contact (Full Name): _____
(Required)

Phone Number: _____

Fax Number: _____

Note: Client is calling to provide information to recalculate risks. Gestational age typically is what they are calling to change based on new information gathered during ultrasound, exam, or LMP. This form is to recalculate results that have already been released; if there are no results available consider submitting the Maternal History Form.

1. What is the GESTATIONAL AGE (GA) for MAFP or Quad based on? (Choose one and complete EDD if available)
(Ultrasound is most accurate)

- ☐ Gestational age on the day of the ultrasound Weeks: _____ Days: _____ GA: _____ Date of ultrasound: _____
- ☐ Date of LMP: _____ (First day of last menstrual period) Date of collection: _____ GA: _____
- ☐ Gestational age on day of exam: _____ Date of physical exam: _____
- ☐ Estimated Date of Delivery (EDD): _____ based on ☐ Ultrasound ☐ LMP ☐ Physical Exam

2. First Trimester Screen:

Date of ultrasound: _____ NT(nuchal translucency): _____ mm CRL(crown rump length): _____ mm
Sonographer: _____ FNF/NTQR#: _____ State: _____

3. Miscellaneous Changes:

Maternal DOB: _____ Maternal weight: _____ lbs.

In Vitro Fertilization (IVF) used ☐ Yes ☐ No If yes, was a donor used? ☐ Yes ☐ No

Donor's approximate age: _____ Was patient's egg frozen: ☐ Yes ☐ No If yes, how long: _____

Testing: ☐ Initial ☐ Repeat Neural tube defect history: ☐ Yes ☐ No

Number of fetuses: _____ If twins: ☐ Dichorionic ☐ Monochorionic

Current smoker ☐ Yes ☐ No Pre-existing insulin dependent DM: ☐ Yes ☐ No

Maternal Race: ☐ Caucasian ☐ Hispanic ☐ African American ☐ Other: _____

Austin Customer Service:

1. Make copy of form to send to Scanning Department.
2. Print "R" report to attach to form.
3. Send completed form and "R" report to the Special Chemistry Department using the 'Dist Maternal Recalc/HX Forms' email group.
4. Email paperwork set to DistMaternalRecalc_HXForms@cpllabs.com & DistAustinCSLead@cpllabs.com and title the subject line: "8am/12pm Maternal Recal" dependent of which time it was sent.

Regional Offices:

1. Print "R" report to attach to form
2. Fax paperwork set to Austin Customer Service at 512-873-5003