

Last Name	First Name	First Name						
Planned Birth Attendant								
Newborn Care Provider In Hospital			In Co	ommunity				
G T P	A L	_ S			sician/Primary Care Provider			
Physical Exam			Initial Laboratory Investigations Second and Third Trimester Lab Investigations					
Htcm Pr	Test Re		Result	Test	Result			
BP Pr	Hb			Hb				
Exam As Indicated			ABO/Rh(D)			Platelets		
Head and neck N/	Abn MSK	N/Abn	MCV			ABO/Rh(D)		
Breast/nipples N/	Abn Pelvic	N/Abn	Antibody screen			Repeat Antibodies		
Heart/lungs N/	Abn Other	N/Abn	Platelets			1hr GCT		
Abdomen N/	'Abn		Rubella ir	mmune		2 hr GTT		
Exan	HBsAg							
			Syphilis					
			HIV					
			GC					
Last Pap YYYY/MM/DD Result			Chlamydia					
			Urine C&S					
Additional investigations as indicated  TSH, Diabetes screen, Hb Electrophoresis/ HPLC,			Test		Result	Test	Result	
Ferritin, B12, Infectious B19, Varicella, Toxo, CN screen.								
			Pren	natal Genetic Inv	vestigations			
Screening Offered □Y □FTS (between 11-13+6		Result	CVS/Amnio	O#1 EV E	Result			
□IPS Part 1(between 11								
☐MSS (between 15-20+	7 9 9 9 10 10 2 1 2 1 2 1 1							
Cell-free fetal DNA (NIP	Abnormal Placental Biomarkers			<del>cs)</del>				
Con nee letal Brant (1411	· / Ollered Lift L			No Screening		acental biomarkers		
□ Counseled and declined □ Date YYYY/MM/DD □ Presentation > 20+6wk NIPT offered □ Y □ N □ Date YYYY/MM/DD								
Dete	CA			Ultrasour				
Date YYYY/MM/DD	GA	Result						
	NIT I Iltro	NT Ultrasound (between 11-13+6 weeks)						
YYYY/MM/DD		Anatomy scan (between 18-22wks)  Placental Location  Soft Markers						
YYYY/MM/DD	Anatomy	Flacetial Location Sout Markets						
YYYY/MM/DD								
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YYYY/MM/DD					-	esult reviewed with pt/client by of OPR 1 & 2 to hospital		