

THIS IS NOT A TEST REQUEST FORM.
 The information below is required to perform maternal serum testing.
 Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR MATERNAL SERUM TESTING

Patient Name _____ Date of Birth _____

Client Number _____ Specimen Collection Date _____

Physician _____ Physician Phone _____

Genetic Counselor _____ Counselor Phone _____

Patient's weight _____ lbs OR _____ kgs

Due date (EDC) _____ **Determined by:** last menstrual period, confirmed by ultrasound.

last menstrual period. date: _____

ultrasound

Number of fetuses?

Singleton Twins Unknown For twins, is pregnancy monochorionic? No Yes Unknown

Patient's race?

Non-Black Black Unknown

Was the patient diabetic at the time of conception?

No Yes

Does the patient currently smoke cigarettes?

No Yes

Has the patient taken valproic acid or carbamazepine during this pregnancy?

No Yes; specify medication: _____

Has the patient had a previous pregnancy with trisomy? (i.e., Down syndrome, trisomy 18 or 13)

No Yes; specify abnormality: _____

Is there a family history of neural tube defects? (i.e., spina bifida, anencephaly, encephalocele)

No Yes; specify the relationship of the affected individual to the fetus: _____

Is this an in vitro fertilization pregnancy?

No Yes; specify the age of the egg donor, if used: _____ years

Has the patient had a previous maternal serum screen in this pregnancy?

No Yes Unknown

Additional Information (required for the First Trimester, Integrated, or Sequential screens only.)

Ultrasound date _____

ALL TESTS: Obtain NT when CRL is 38-83.9mm

Sonographer's Name _____

FMF or NTQR Certification # _____

Reading MD Name _____

FMF or NTQR Certification # _____

CRL (mm) _____ NT (mm) _____

Twin B CRL (mm) _____ Twin B NT (mm) _____

Select the test you intend to order.

Perform blood draws when CRL is within the appropriate range:

____ 3000143 Maternal Serum Screen Quad

Integrated 1: CRL 32.4 – 83.9mm

____ 3000144 Maternal Serum Screen AFP

Sequential 1: CRL 43 – 83.9mm

____ 3000145 Maternal Serum Screen First Trimester

First Trimester: CRL 43 – 83.9mm

____ 3000146 Maternal Serum Screen Sequential, Specimen 1

____ 3000147 Maternal Serum Screen Integrated, Specimen 1

Master Label

For questions, contact an ARUP genetic counselor at (800) 242-2787, ext. 2141