

PRENATAL TESTING FORM

The form is to be completed by the ordering physician's office and must accompany the sample. If you have any questions, please contact our Client Services Department at 414.805.7600.

PRENATAL TESTING:	
	AFP P (<i>Alpha Fetoprotein Pregnancy</i>)
	PRE R 1st (<i>Prenatal Risk 1st Trimester ONLY</i>)
	PRE R QUAD (<i>Prenatal Risk Quad + NT Profile</i>)
	Identification #
	Collection date
	Collection time

ULTRASOUND INFORMATION (<i>*Ultrasonographer must be certified by FMFG or equivalent</i>):	
	Ultrasonographer name*
	NT certification number
Gestation age at time of ultrasound	week / days
Date ultrasound done	
Nuchal translucency	mm
Crown – rump length	mm

PATIENT INFORMATION:	
	Name
	Date of birth
	Date of 1 st day of LMP

PREVIOUS PREGNANCY:	
	Down Syndrome
	Neural Tube Defect
	Insulin dependent diabetic (non-gestational)
	Number of fetuses
	Maternal weight lbs.
	Maternal race

TEST INFORMATION:	
AFP P	<i>Open spina bifida is offered for gestational ages 15.0 - 23.9 weeks. The optimal gestational age for open spina bifida screening is 16.0 to 18.9 weeks. This test is not designed to screen for Down Syndrome. Centrifuge. For Red Top only, transfer serum to Plastic Transport Tube.</i>
PRE R 1st	<i>Whole Serum testing is provided from 10.0 to 13.9 weeks gestation. NT can be assessed when CRL is 45 to 84 mm. Centrifuge. For Red Top only, transfer serum to Plastic Transport Tube.</i>
PRE R QUAD	<i>Down syndrome screening is offered for gestational age 15.0 - 21.9 weeks. Open spina bifida screening is offered for gestational age 15.0 - 23.9 weeks. The optimal gestational age for open spina bifida is 16.0 - 18.9 weeks. Centrifuge* For Red Top only, transfer serum to Plastic Transport Tube.</i>