

Down Syndrome Screening

Laboratory Request Form:

	First Trimester Combined Down Syndrome Screening	Second Trimester Biochemical Down Syndrome Screening
Type of Form*	First Trimester Combined Down Syndrome Screening	Second Trimester Biochemical Down Syndrome Screening
	*Could be downloaded at http://www.obg.cuhk.edu.hk/fetal-medicine/fetal-medicine_services/down-syndrome-screening	
Patient Information	<ol style="list-style-type: none"> 1. Patient demographic by affix printed label or by legible hand writing, with at least the following information. 2. Name and HKID/Passport No. should be same as that in HKID card or Passport document. 3. Pregnancy/Case No. refers to a unique identifier such as clinic record number, hospital number or obstetric number etc. 4. Hospital/Centre refers to the location where the examination is requested. 	
Patient Details	<ol style="list-style-type: none"> 1. Actual DOB, in most cases, refers to the DOB stated in official identity document such as HKID card or passport document and should be in Gregorian Calendar (or also known as Western). User of the laboratory service should proactively ask the patient for any alteration from the DOB stated in official identity document. In some occasions when the actual DOB is different from that stated in official identity document such as, Lunar DOB is adopted in the official identity document. User of the laboratory service should take sole responsibility to convert into Gregorian Calendar and re-state in the field provided. The laboratory will only take the date written in the field of Actual DOB to calculate the age of the 	

	<p>patient.</p> <p>The following website provides Gregorian-Lunar Calendar Conversion</p> <p>http://www.hko.gov.hk/gts/time/conversion.htm</p> <ol style="list-style-type: none"> Height (optional) Body Weight should be measured in Kg and on the date of sample blood drawn. Gravida refers to the number of confirmed pregnancy regardless of the pregnancy outcome, twin pregnancy being counted as 1. Parity refers to the number of live births and stillbirth, twin being counted as 2.
Ethnicity	<p>Refers to the category of people who <u>identify</u> with each other based on similarities in inherited status, <u>cultural heritage</u>, <u>ancestry</u>, <u>history</u>, <u>homeland</u>, <u>language</u> or <u>dialect</u>, and <u>physical appearance</u> etc. Ethnicity is NOT nationality eg. An America-born Chinese possessing USA passport is still a Chinese in ethnicity.</p> <p>As in case of a mixed ethnicity, both parental and maternal ethnicities of the patient should be stated for background risk calculation. Final risk will be reported by adopting the ethnicity possessing higher background risk and comment will be added in the report.</p>
Medical History	<ol style="list-style-type: none"> Chronic Hypertension refers to hypertension during non-pregnant period. Previous Preeclampsia refers to diagnosed preeclampsia in previous pregnancies. DM refers to Diabetes mellitus during non-pregnant period. Gestational DM (GDM) is not regarded as DM.
Obstetrics History	<ol style="list-style-type: none"> LMP refers to the first day of Last Menstrual Period. The

date should be filled in if **LMP** is selected (indicated by circle **LMP** in the bracket behind) as the dating method of EDC (Estimated Date of Confinement).

Example: EDC (by **LMP**/ USG)

2. **USG** refers to ultrasound sonography as the dating method of EDC. The estimated date of confinement should be filled in if USG is selected (indicated by circle **USG** in the bracket behind) as the dating method of EDC (Estimated Date of Confinement).

Example: EDC (by LMP **USG**)

If neither **LMP** nor **USG** is pre-selected as dating method of EDC by the users of laboratory services, **EDC** dating by **CRL** will be automatically defaulted.

3. **Smoker during pregnancy** refers to patient who is a cigarette smoker on or before conception regardless of the smoking frequency and smoking quantity. Patient, who stops smoking after the pregnancy test is confirmed, is still regarded as affirmative to **Smoker during pregnancy**.

4. **Previous Aneuploidy** refers to previous diagnosed of pregnancy affected by Trisomy 21 (T21) or Trisomy 18 (T18) or Trisomy 13 (T13). Other chromosomal abnormalities in previous pregnancy besides abnormal number of chromosomes such as allelic duplication, depletion or translocation etc, are included for information only and do not contribute to the risk estimation.

5. **Mode of Conception** refers to the process of becoming pregnant involving fertilization or implantation or both.

Natural refers to spontaneous fertilization.

	<p>OI+/-IUI refers to Ovulation Induction +/- Intrauterine insemination.</p> <p>IVF refers to In Vitro Fertilization.</p> <p>IVF+ICSI refers to In Vitro Fertilization + Intracytoplasmic sperm injection.</p> <p>6. IVF details refers to additional information needed when IVF or IVF + ICSI is selected. In case of donor eggs or donor embryos, the donor's age or the donor's DOB should be provided for background risk estimation.</p>
<p>Ultrasound Scan (only applicable to First Trimester Combined Down Syndrome Screening/ First Trimester NT Down Screening)</p>	<p>Name of Sonographer refers to the licensed FMF sonographer performing the ultrasound scan who may not necessary same as the requester.</p> <p>Date of USG refers to the date when the ultrasound scan takes place.</p> <p>CRL refers to Crown Rump Length of the fetus which is mandatory, unit in mm.</p> <p>NT refers to Nuchal Translucency of the fetus which is mandatory, unit in mm.</p> <p>BPD and FHR are optional.</p> <p>Other Significant USG Findings is optional but T18 and T13 risk is adjusted (elevated) in association with the following abnormalities:</p> <ol style="list-style-type: none"> 1. Exomphalos 2. Bladder \geq 7mm / Megacystis
<p>Maternal Blood Collection</p>	<p>Date refers to the date when maternal blood is drawn and the period is allowed to be within 11w0d to 13w6d for First Trimester Down Syndrome Screening or 15w0d to 20w0d for Second Trimester Down Syndrome Screening. In most situations, the Date would be the same as the Date of USG. In other rare occasions such as</p>

	<ol style="list-style-type: none"> 1. unsuccessful USG scan with re-scan scheduled on the next day. 2. adverse weather forecast on the day of scan with suspension of courier service and laboratory service thereafter and thus draw of blood being re-scheduled to future days when service resumes. <p>Sample Sent as refers to the type of sample sent to laboratory, which is either Clotted Blood or Serum, ticked as appropriate.</p>
<p>Requester's Information</p>	<p>Name refers to a licensed medical practitioner as the requester to the examination prescribed on the request form.</p> <p>Signature refers to signatory of the requester.</p> <p>Centre & Tel. refers to the location of the requester and his contact telephone number.</p>