

Request Form – 1st Trimester Combined Down Syndrome Screening

Patient information

Fill in or place the patient's label

Name: _____
 HKID / Passport no.: _____
 Pregnancy / Case no.: _____
 Hospital / Centre: _____

Patient Details

Actual DOB : D: ____ M: ____ Y: ____
 Height : _____ cm
 Body weight : _____ Kg
 Gravida: _____ Parity: _____

Ethnicity

- Chinese (E.A.)
- Japanese (E.A.)
- Caucasian
- Indian (S.A.)
- Pakistani (S.A.)
- Filipino (S.E.A.)
- Afro-Caribbean
- Other: _____

Medical History

Chronic hypertension: No Yes Previous preeclampsia: No Yes DM: No Yes

Obstetrics History

LMP: D: ____ M: ____ Y: ____ EDC (by LMP / USG): D: ____ M: ____ Y: ____

Smoker during pregnancy: No Yes
 Previous Aneuploidy: No T21 T18 T13
 Mode of conception: Natural OI ± IUI IVF IVF + ICSI

IVF details:

Number of embryo transferred: Single Multiple Unknown Egg collection: D: ____ M: ____ Y: ____
 Fresh embryos Frozen embryos Embryo transfer: D: ____ M: ____ Y: ____
 Donor embryos (please provide the DOB or age of mother at embryos freezing / donation: D: ____ M: ____ Y: ____ or age ____)

Ultrasound Scan

Name of Sonographer: _____ No. of fetus: 1 / 2 / 3
 Date of USG: D: ____ M: ____ Y: ____ Multiple pregnancy: DCDA/MCDA/MCMA/Others: _____

	<u>Singleton / T1</u>	<u>T2</u>	<u>T3</u>
CRL:	_____ mm	_____ mm	_____ mm
NT:	_____ mm	_____ mm	_____ mm
BPD:	_____ mm	_____ mm	_____ mm
FHR:	_____ bpm	_____ bpm	_____ bpm

Presentation: Left / Right / Upper/ Lower Left / Right / Upper/ Lower Left / Right / Upper/ Lower
 (For multiple pregnancies only)

Other significant USG findings: _____

Maternal Blood Collection

Date: D: ____ M: ____ Y: ____ Time: ____: ____ Sample sent as: clotted blood serum

Requester's Information

Name : _____
 Signature : _____
 Centre & Tel. : _____/_____

IMPORTANT:

- Clotted blood samples should be sent within 24 hours of collection.
- It will NOT be processed if it arrives at laboratory more than 24 hours after collection.
- Samples should be kept at 2-8°C until shipment.
- Samples should be kept in an ice-box during transportation.
- Blood sample, CRL and NT should be taken between 11⁰ to 13⁶ weeks.
- Further information are available at <http://www.obg.cuhk.edu.hk/>
- For any enquires, please call 3505 4217 or fax 2725 2638.

FOR LABORATORY USE

Date & Time received : _____ Lab. No. : _____