

Request Form – 2nd Trimester Biochemical 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 _____)

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.
- Further information are available at <http://www.obg.cuhk.edu.hk/>
- For any enquires, please call 3505 4217 or fax 2725 2638.

Laboratory Use

FOR LABORATORY USE

Date & Time received : _____

Lab. No. : _____