

Request Form – 1st Trimester Pre-eclampsia (PET) Screening

Patient Details

Maternal Details

Ethnicity

Fill in or place the patient's label

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

Actual DoB: D ___ M ___ Y _____
Height / Weight: ___ cm / ___ Kg
Gravida / Parity: ___ / ___

- Chinese (EA)
- Japanese (EA)
- Korean (EA)
- Caucasian
- Indian (SA)
- Pakistani (SA)
- Nepalese (SA)
- Thai (SEA)
- Filipino (SEA)
- Afro-Caribbean
- Other: _____

Medical History

Current Pregnancy

IVF Details

Chronic Hypertension: Y / N
DM: Y / N
DM Type: 1 / 2
DM on insulin Y / N
SLE: Y / N
APS: Y / N
Mother/Sister Hx of PET : Y / N
Smoker at Conception: Y / N

LMP: D ___ M ___ Y _____
EDD: D ___ M ___ Y _____
Conception: Natural / OI ± IUI / IVF

Embryo transfer: D ___ M ___ Y _____
Egg collection: D ___ M ___ Y _____
Egg Donor DOB: D ___ M ___ Y _____
or AGE: ___ years

Past Obstetrics History

Date of Birth of last baby (≥ 24 weeks): D ___ M ___ Y _____ Pre-eclampsia in any previous pregnancy: Y / N
Gestational age of last baby: ___ wks ___ days

Current Medication

Anti-hypertensive : Y / N From date: D ___ M ___ Y _____ Medication: _____
Aspirin <16 weeks: Y / N From date: D ___ M ___ Y _____ Dosage: _____

Bilateral Blood Pressure Measurement (mmHg)

	LEFT Arm	RIGHT Arm
	(Sys / Dia)	(Sys / Dia)
BP Monitor Manufacturer: _____		
Model: _____		
	1 st measurement _____ / _____	_____ / _____
	2 nd measurement _____ / _____	_____ / _____

Ultrasound Examination Details

Sonographer: _____ CRL: _____ mm (range 42 -84mm)
Scan Date : D ___ M ___ Y _____ Left Uterine Artery: PI ___ PSV ___ cm/s
USG Manufacturer: _____ Right Uterine Artery: PI ___ PSV ___ cm/s
Model : _____

Maternal Blood Collection

Date: D ___ M ___ Y _____ Time: hr ___ : min ___ Sample sent as : clotted blood
: unfrozen serum

Requester's Information

IMPORTANT:

Name : _____
Signature : _____
Centre : _____
Phone/Fax : _____ / _____

- Clotted blood samples should be sent within 24 hours of collection and will NOT be processed if it arrives at the laboratory more than 24 hours after collection.
- Blood samples should be kept at 2-8°C until shipment and should be kept in an ice-box during transportation.
- Blood sample, Blood pressure and Uterine Doppler should be taken between 11⁺⁰ to 14⁺¹ weeks, corresponding to a CRL range of 42-84mm
- For any enquires, please call 3505 4217 or fax 2725 2638.

FOR LABORATORY USE

Date & Time received : _____ Lab. Ref. : _____