

**Request Form – 1<sup>st</sup> 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: _____	1 <sup>st</sup> measurement _____ / _____	_____ / _____
Model: _____	2 <sup>nd</sup> 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 \_\_\_

**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<sup>+0</sup> to 14<sup>+1</sup> weeks, corresponding to a CRL range of 42-84mm
- For any enquires, please call 3505 4217 or fax 2725 2638.

Laboratory  
Use Only

**FOR LABORATORY USE**

Sample received as :  clotted blood  
                                    unfrozen serum  
                                    frozen serum

Date & Time received : \_\_\_\_\_

Lab. Ref. : \_\_\_\_\_