



# Wheaton Franciscan Laboratory

## Patient Information for Maternal Serum Screen

### Test Requested: (circle one)

- Triple Scr (15-20 weeks)**  
*Performed at Midwest Clinical Labs*  
Alpha Fetoprotein  
Estriol, Unconjugated  
HCG, Total Beta
- Quad Scr (14-22 weeks)**  
Alpha Fetoprotein  
Estriol, Unconjugated  
HCG, Total  
Inhibin A
- First Trimester Scr (9-13 weeks)**  
PAPP-A (Pregnancy Associated Plasma Protein)  
h HCG MoM; also known as ITA  
(Invasive Trophoblastic Antigen)

1) Patient Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

2) Patient Date of Birth (DOB): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Collection Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/date/year      Month/date/year

3) Estimated Date of Delivery (EDD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      EDD determined by: (select one)  
Month/date/year

Ultrasound \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Last Menstrual Period (LMP) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Physical Exam \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/day/year      Month/day/year      Month/day/year

4) Maternal Weight: \_\_\_\_\_ LBS

5) Mother's Ethnic Origin: (select one):  African American       Asian       Caucasian       Hispanic  
 Other \_\_\_\_\_

6) Insulin Dependent Diabetic?    \_\_\_no    \_\_\_yes

7) Is this a Repeat Sample for Neural Tube Defect (NTD)?    \_\_\_no    \_\_\_yes

8) Number of fetuses?     One       Two       More than 2      How many fetuses? \_\_\_\_\_

9) History of NTD?    \_\_\_no    \_\_\_yes    Explain: \_\_\_\_\_

10) Other Relevant Clinical Information: \_\_\_\_\_

### ADDITIONAL INFORMATION FOR 1<sup>ST</sup> TRIMESTER SCREEN

<b>ULTRASOUND DATA</b>	
Crown Rump Length (CRL): _____ mm	Nuchal Translucency: _____ (mm) (Optional)
EDD from CRL: _____ / _____ / _____ Month/day/year	
Ultrasound Date: _____ / _____ / _____ Month/day/year	
Sonographer's Name: _____	Certification #: _____

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Ordering Physician / Site (Report will be sent to):	Dr. _____
	Location: _____