

MATERNAL SERUM SCREEN REQUISITION FORM

Please tick requested test

DOUBLE MARKER
10-13.6 weeks

TRIPLE MARKER
15-21.6 weeks

QUADRUPLE MARKER
15-21.6 weeks

Patient Information	Patient's Name :		Accession No :	
	Patient's ID :		Mob. :	
	DOB (dd/mm/yy) :		Nationality:	
	Weight : KG	LMP (dd/mm/yy):	<input type="radio"/> Initial <input type="radio"/> Repeat	
Height : CM	Sample Collection Date :			
Sample type:				
Case History	Diabetic : <input type="radio"/> YES <input type="radio"/> NO			
	Smoking : <input type="radio"/> YES <input type="radio"/> NO			
	Folic Acid Supplementation Before Conception: <input type="radio"/> YES <input type="radio"/> NO			
	Gestation : <input type="radio"/> SINGLE <input type="radio"/> TWINS, If Yes: <input type="radio"/> DICHORIONIC <input type="radio"/> MONOCHORIONIC			
	Type of Pregnancy: <input type="radio"/> SPONTANEOUS <input type="radio"/> OVULATION INDUCTION <input type="radio"/> IVF If Yes <input type="radio"/> OWN EGGS <input type="radio"/> DONOR EGGS If Yes : DOB of Donor:			
	Race/ Ethnicity : <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> African <input type="radio"/> Others			
	Previous pregnancy with chromosomal abnormality: <input type="radio"/> YES <input type="radio"/> NO If Yes : <input type="radio"/> TRISOMY 21 <input type="radio"/> TRISOMY 13/18 <input type="radio"/> NTD			
	Note: In women with previous positive screen results alternative prenatal testing i.e. chorionic villus sampling/amniocentesis is advisable instead of maternal serum screen			
Father's Details : Age : Nationality :				
Ultrasound Information	Date of Ultrasound :		(Scan date should be within 2 to 3 days)	
	Gestational Age as per scan : _____ weeks _____ days			
	EDD :			
	NT : _____ mm 1 st Trimester (0.1 mm to 5.0 mm)		CRL : _____ mm 1 st trimester (38 mm to 83 mm)	
(PHOTOCOPY OF THE USG REPORT TO BE ATTACHED)				
Test Information	<p>The first term maternal serum screening (MSS) test measures PAPP-A and beta hCG between 9 weeks and 12 weeks 6 days of pregnancy. A change in the level of these proteins may indicate that there is an increased risk that the baby has Down syndrome.</p> <p>By combining the knowledge about a woman's age, the results of the blood test, the mother's weight and gestational age, the maternal serum screen test can identify pregnancies in which the baby has Down's syndrome's/Edward's syndrome and Patau's syndrome increased risk.</p>			
	Sample acceptability weeks: Double marker : 10 th to 13.6 week of pregnancy, 1 st trimester Triple marker : 15 th to 21.6 nd week of pregnancy, 2 nd trimester Quadruple test : 15 th to 21.6 nd week of pregnancy, 2 nd trimester		Patient's Signature: Physician's signature :	