HealthLab

25 North Winfield Road Winfield, Illinois 60190 Phone: 630.933.2633 Fax: 630.933.5293

HEALTHLAB

First Trimester Screening

Optimal gestational age for scree First trimester screen (219693) Integrated 1, serum (2199395) Sequential 1 (2199457) *Please note the integrated serum to	9)
Patient name:	
Date of birth:	Collection date:
Required nuchal translucency st	udy information: (except for integrated testing)
Crown rump length	(45.0-84.0 mm) On (date)
Crown rump length	(Twin B)
Nuchal translucency	mm
Nuchal translucency	(Twin B)
Sonographer name:	
Sonographer #:	Site #:
Patient's weight	
Number of fetuses: ☐ Single☐ Twins☐ Multip	es, # of fetuses:
History of neural tube defect? History of Down syndrome? History of cystic fibrosis?	
Other relevant clinical information	n: