

Second Trimester Screening

Optimal gestational age for screen is 16-18 weeks. Please check one of the following tests:

- | | |
|---|--|
| <input type="checkbox"/> AFP, Maternal screen (2198255) | <input type="checkbox"/> Integrated 2, serum (2199463) |
| <input type="checkbox"/> Maternal screen 3 (2191493) | <input type="checkbox"/> Sequential 2 (2199459) |
| <input type="checkbox"/> Maternal screen 4 (2191499) | |
| <input type="checkbox"/> Maternal screen 5 (2196933) | |

*Please note, to order either the integrated or sequential testing, the patient must have had first trimester testing. The integrated test does not include an NT measurement.

Patient name: _____

Date of birth: _____ Collection date: _____

Estimated date of delivery: _____

Determined by: Ultrasound Last Menstrual Period (LMP) EDD

Maternal weight (lbs.): _____

Mother's ethnic origin:

- | | | |
|---|------------------------------------|--------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | Other: _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | |

Insulin-dependent diabetic prior to pregnancy? No Yes

Is this a repeat specimen? No Yes

Number of fetuses: Singleton
 Twins
 Multiples, # of fetuses: _____

History of neural tube defect? No Yes

History of Down syndrome? No Yes

History of cystic fibrosis? No Yes

Other relevant clinical information: _____

Please complete all information and attach this form to the test requisition.
 Send both with the specimen in the transport bag to the laboratory.