Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Second Trimester Maternal Screening Alpha-Fetoprotein / Quad Screen Patient Information

Patient Information

Name *(Last, First, Middle)*	Birth date *(mm-dd-yyyy)*

Referring Provider Information

Ordering Provider Name *(Last, First)*	Phone	Fax*

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

Reason for Testing

Clinical Information

1. Specimen collection date *(mm-dd-yyyy)*:
2. Estimated delivery date *(mm-dd-yyyy)*: by ☐ Ultrasound ☐ Last menstrual period

   Note: Dating method impacts risk calculation and screening performance. Ultrasound dating increases overall screening performance and is required for twin gestations.
3. Weight: lbs or kg

Clinical History

4. Insulin-dependent diabetic: ☐ Yes ☐ No Select "Yes" if patient was on insulin prior to this pregnancy; otherwise, select "No."
5. Patient race: ☐ Black ☐ Other/Non-black/Mixed
6. Number of fetuses: ☐ 1 ☐ 2 **Note:** Risk estimate not available for 3 or more fetuses.

   If twins, number of chorions: ☐ Monochorionic ☐ Dichorionic ☐ Unknown
7. In-vitro fertilization: ☐ Yes ☐ No The age of the egg affects the risk calculations.

   If egg donor (other than patient), provide donor birth date *(mm-dd-yyyy)*: or current age:

   If frozen egg or embryo is used, provide egg or embryo freeze date *(mm-dd-yyyy)*:
8. Has the patient had a previous pregnancy with Down syndrome (trisomy 21)? ☐ Yes ☐ No
9. Has the patient had a previous pregnancy with Neural Tube Defects (NTD)? ☐ Yes ☐ No
10. Does the patient or father of the baby have an NTD? ☐ Yes ☐ No
11. Is this a repeat screen? ☐ Yes ☐ No If "Yes" and MayoAccess client, indicate "repeat screen" in performing lab notes.
12. Current cigarette smoking status: ☐ Smoker ☐ Non-smoker

General Risk Assessment Information

- Neural tube defect risk assessment is available from 15 weeks and 0 days to 22 weeks and 6 days; 16–18 is preferred.
- Down syndrome and trisomy 18 risk assessment is available from 14 weeks and 0 days to 22 weeks and 6 days.

Information Required

- By providing all information listed above, the most accurate patient-specific risk can be calculated.
- An uninterpretable report will be generated when the following are not provided: serum collection date, birth date, estimated date of delivery, and weight.

If you have questions, call 800-533-1710 and ask for the Maternal Screening area.

Print