Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

First Trimester/Sequential Maternal Screening Patient Information

Patient Information

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

Referring Provider Information

Ordering Provider Name *(Last, First)*	Phone (required – include international/area code)	Fax*

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

Reason for Testing

Clinical Information

1. Serum collection date *(mm-dd-yyyy)*:
2. Weight: lbs or kg

Ultrasound Information

3. Sonographer name *(Last, First)*:
4. Sonographer code (Mayo-assigned):
5. Ultrasound date *(mm-dd-yyyy)*:
6. CRL-A (Crown Rump Length): mm
7. NT-A (Nuchal Translucency): mm
8. If twins, A. CRL Twin: mm B. NT Twin: mm

Clinical History

9. Number of fetuses: ☐ 1 ☐ 2 **Note:** Risk estimate not available for 3 or more fetuses.
   If twins, number of chorions: ☐ Monochorionic ☐ Dichorionic ☐ Unknown
10. Insulin dependent diabetic: ☐ Yes ☐ No Select "Yes" if the patient is on insulin prior to this pregnancy; otherwise, select "No."
11. Race: ☐ Black ☐ Non-black/Other
12. 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)*:
13. Has the patient had a previous pregnancy with Down syndrome (trisomy 21)? ☐ Yes ☐ No
14. Has the patient had a previous pregnancy with Neural Tube Defects (NTD)? ☐ Yes ☐ No
15. Does the patient or the father of the baby have a NTD? ☐ Yes ☐ No
16. Is this a repeat serum screen? ☐ Yes ☐ No If "Yes" and is a MayoAcess client, indicate "repeat screen" in performing lab notes.
17. Current cigarette smoking status: ☐ Non-smoker ☐ Smoker
18. Sonographer reviewer ID:

General Risk Assessment Information

First trimester Down syndrome and trisomy 18 risk assessments are available from 10 weeks, 0 days to 13 weeks, 6 days, which corresponds to CRL measurements between 31 and 80 mm.

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, weight, and ultrasound information.

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

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