**MATERNAL SERUM SCREENING**

847/570-2780 (PHONE)

Please provide all information so that we can calculate MOM and provide risk interpretation

### TEST REQUESTED (check ONE only):

- [ ] AFP Quad Screen – AF4 (Test # 2003)  
  *(Performed Inhouse- Replaces AFP Triple Screen)*
- [ ] AFP - Maternal Serum (Test # 4944)  
  *(ONTD only – does not include Down Syndrome Screen)*

**Date Of Sample Draw:**

**PATIENT INFORMATION:**

- **Name:** ________________________________
- **Maternal Birthdate:** ___/___/_____

**DATA FOR CORRECTION FACTORS:**

- **Weight:** ______ (lb)  
  **Race:** W, B, O  
  **Insulin Dependent Diabetic:** Y, N

- **Multiple Pregnancy (twins, triplets, etc.):** Y, N  
  **# fetuses:** _______

- **Is this the first MSAFP screening test for this pregnancy?** Y, N
- **If no, what is date of previous test?**

- **Is there a donor egg mother?**  
  - [ ] Yes  
  - [ ] No. If Yes, what is donor egg mother’s AGE? ____ years

- **Is patient an active smoker?**  
  - [ ] Yes  
  - [ ] No

- **Is there any family history of neural tube defect?**  
  - [ ] Yes  
  - [ ] No. If Yes, check one of the following:
    - [ ] 1 First degree family history. Either the patient or the father of the fetus was born with a neural tube defect, or this patient has had a previous pregnancy where the fetus was affected with a neural tube defect.
    - [ ] 2 Second degree family history. One of the parents of the fetus has a sibling or parent that was born with a neural tube defect.
    - [ ] 3 Third degree family history. Either of the parents of the fetus has a more distantly related family member who was born with a neural tube defect.
<table>
<thead>
<tr>
<th>GA by: (circle ONE)</th>
<th>Ultrasound</th>
<th>LMP</th>
<th>Physical Exam</th>
<th>EDC/EDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>*</td>
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<tr>
<td>GA (Weeks-days)</td>
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Notes:
- Please complete information for **ONE GA** choice only.
  * For US (Ultrasound) provide date of ultrasound & GA on that date.
    (Computer will automatically compute GA to draw date on final report.)
  ** For PE (Physical Exam) provide date of physical exam and GA on that date.
    (Computer will automatically compute GA to draw date on final report.)
- **This laboratory has normal ranges for 15 weeks through 21 weeks 6 days GA.**

GA = Gestational Age  
LMP = Last Menstrual Period  
EDC/EDD = Estimated Date of Confinement/Estimated Date of Delivery