PRENATAL QUAD SCREEN INFORMATION FORM

Please have drawn between _______________ and _______________.

Please print all information.

Name: __________________________________________  (Last, First, MI)

Physician: _______________________________________

Results to (location): ______________________________________

Repeat Sample (circle one):  Yes  No

Pregnancy History:  G______  P______  AB______

LMP: _____/_____/______  Date of Birth: _____/_____/______

US Date: _____/_____/______  GA wks/day from US: ____________________

Weight: ____________________

Race (circle one):  White  Black  Asian  Hispanic  Other: ____________________

In-Vitro Fertilization (circle one):  Yes  No

(If egg donor is other than patient, need donors DOB or age at donation.)____/____/____

Current Pregnancy (circle one):  Single  Twin  Multiple Pregnancy

Family History of DS (circle one):  Yes  No  Relation:__________________________

Family History of OSB (circle one):  Yes  No  Relation:_________________________

Insulin-Dependent Diabetes (current pregnancy) (circle one):  Yes  No

(Circle yes if patient was on insulin prior to this pregnancy; otherwise select No.)

FOR COMPLETION BY LAB:

Alpha-Fetoprotein: ______________________

Genetic HCG:__________________________

Genetic UE3:___________________________

Dimeric Inhibin A: ____________________