complete, print and submit. Reset Form

MAYO CLINIC
Mayo Medical Laboratories

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

Patient Information

Patient Name *(Last, First, Middle)*		
Ordering Physician Name	Physician Phone *(Required-include International and/or Area Code)*	Fax*

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

Clinical Information

1. Serum Collection Date *(Month DD, YYYY)* _____
2. Birth Date *(Month DD, YYYY)* _____
3. EDD *(Month DD, YYYY)* _____ by ☐ Ultrasound ☐ LMP

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

Clinical History

5. Medication Dependent Diabetic? ☐ Yes ☐ No Select Yes if patient has a history of medication-dependent diabetes mellitus (DM) at the time of conception (oral or insulin).
6. Race? ☐ Black ☐ Other/Non-Black/Mixed
7. Number of fetuses? ☐ 1 ☐ 2 (Note: Risk estimate not available for 3 or more fetuses.)

   If Twins, number of chorions: ☐ Monochorionic ☐ Dichorionic ☐ Unknown
8. In-Vitro Fertilization (IVF) ? ☐ Yes ☐ No The age of the egg affects the risk calculations.

   If egg donor (other than patient), need donor DOB: *(Month DD, YYYY)* _____ or current age: _____

   If frozen egg or embryo used, how long was egg or embryo frozen: (Years, Months) _____
9. Has the patient had a previous pregnancy with Down syndrome (trisomy 21) or other trisomy? ☐ Yes ☐ No
10. Has the patient had a previous pregnancy with Neural Tube Defects (NTD)? ☐ Yes ☐ No
11. Does the patient or father of the baby have a Neural Tube Defect? ☐ Yes ☐ No
12. Is this a repeat serum screen? ☐ Yes ☐ No If yes and MayoAccess client, indicate “Repeat Screen” in performing lab notes.

General Risk Assessment Information

- Neural tube defect (NTD) risk assessment is available from 15 weeks, 0 days to 22 weeks, 6 days; 16-18 weeks is preferred.
- Down syndrome and trisomy 18 risk assessment is available from 14 weeks, 0 days to 22 weeks, 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, EDD, and weight.

If you have questions, contact Mayo Medical Laboratories at 1-800-533-1710 and ask for the Maternal Screening area.

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