

PHYSICIAN  
NAME/ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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?

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.

<b>GA by: (circle ONE)</b>	<b>Ultrasound</b>	<b>LMP</b>	<b>Physical Exam</b>	<b>EDC/EDD</b>
<b>Date:</b>	*		**	
<b>GA (Weeks-days)</b>				

*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*