

Request Form – 2nd Trimester Biochemical Down Syndrome Screening

Patient information

Fill in or place the patient's label

Name: _____

HKID / Passport no.: _____

Pregnancy / Case no.: _____

Hospital / Centre: _____

Patient Details

Actual DOB: D: _____ M: _____ Y: _____

Height : _____ cm

Body weight: _____ Kg

Gravida: _____ Parity: _____

Ethnicity

- ☐ Chinese (E.A.)
☐ Japanese (E.A.)
☐ Caucasian
☐ Indian (S.A.)
☐ Pakistani (S.A.)
☐ Filipino (S.E.A.)
☐ Afro-Caribbean
☐ Other: _____

Medical History

Chronic hypertension: ☐ No ☐ Yes

Previous preeclampsia: ☐ No ☐ Yes

DM: ☐ No ☐ Yes

Obstetrics History

LMP: D: _____ M: _____ Y: _____ EDC (by LMP / USG): D: _____ M: _____ Y: _____

Smoker during pregnancy: ☐ No ☐ Yes

Previous Aneuploidy: ☐ No ☐ T21 ☐ T18 ☐ T13

Mode of conception: ☐ Natural ☐ OI ± IUI ☐ IVF ☐ IVF + ICSI

IVF details:

Number of embryo transferred: ☐ Single ☐ Multiple ☐ Unknown Egg collection: D: _____ M: _____ Y: _____

☐ Fresh embryos ☐ Frozen embryos Embryo transfer: D: _____ M: _____ Y: _____

☐ Donor embryos (please provide the DOB or age of mother at embryos freezing / donation: D: _____ M: _____ Y: _____ or age _____)

Maternal Blood Collection

Date: D: _____ M: _____ Y: _____ Time: _____: _____

Sample sent as: ☐ clotted blood
☐ serum

Requester's Information

Name : _____

Signature : _____

Centre & Tel. : _____ / _____

IMPORTANT:

- Clotted blood samples should be sent within 24 hours of collection.
- It will **NOT** be processed if it arrives at laboratory more than 24 hours after collection.
- Samples should be kept at 2-8°C until shipment.
- Samples should be kept in an **ice-box** during transportation.
- Blood sample, CRL and NT should be taken between 11⁰ to 13⁶ weeks.
- Further information are available at <http://www.obg.cuhk.edu.hk/>
- For any enquires, please call 3505 4217 or fax 2725 2638.

FOR LABORATORY USE

Laboratory
Use

Date & Time received : _____

Lab. No. : _____