Obstetrics Screening Laboratory
Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong

Private Pre-eclampsia

Request Form – 1st Trimester Pre-eclampsia (PET) Screening

Patient Details

Fill in or place the patient's label

Name: _____
HKID / Passport no.: _____
Pregnancy / Case no.: _____
Hospital / Centre: _____

Maternal Details

Actual DoB: D ___ M ___ Y _____
Height / Weight: ____ cm / ____ Kg
Gravida / Parity: _____ / _____

Ethnicity

- ☐ Chinese (EA)
- ☐ Japanese (EA)
- ☐ Korean (EA)
- ☐ Caucasian
- ☐ Indian (SA)
- ☐ Pakistani (SA)
- ☐ Nepalese (SA)
- ☐ Thai (SEA)
- ☐ Filipino (SEA)
- ☐ Afro-Caribbean
- ☐ Other:_____

Medical History

Chronic Hypertension: Y / N
DM: Y / N
DM Type: 1 / 2
DM on insulin Y / N
SLE: Y / N
APS: Y / N
Mother/Sister Hx of PET : Y / N
Smoker at Conception: Y / N

Current Pregnancy

LMP: D ____ M ____ Y _____
EDD: D ____ M _____ Y _____
Conception: Natural / OI ± IUI / IVF

IVF Details

Embryo transfer: D ___ M ___ Y _____
Egg collection: D ___ M ___ Y _____
Egg Donor DOB: D ___ M ___ Y ____
or AGE: ____ years

Past Obstetrics History

Date of Birth of last baby (≥ 24 weeks): D ___ M ___ Y _____
Gestational age of last baby: ____ wks ____ days
Pre-eclampsia in any previous pregnancy: Y / N

Current Medication

Anti-hypertensive : Y / N From date: D ___ M ___ Y ____ Medication: _____
Aspirin <16 weeks: Y / N From date: D ___ M ___ Y ____ Dosage: _____

Bilateral Blood Pressure Measurement (mmHg)

BP Monitor Manufacturer: _____
Model: _____

	LEFT Arm (Sys / Dia)	RIGHT Arm (Sys / Dia)
1st measurement	_____ / _____	_____ / _____
2nd measurement	_____ / _____	_____ / _____

Ultrasound Examination Details

Sonographer: _____
Scan Date : D _____M _____Y _____
USG Manufacturer: _____
Model : _____

CRL: _____ mm (range 42 -84mm)
Left Uterine Artery: PI _____ PSV _____ cm/s
Right Uterine Artery: PI _____ PSV _____ cm/s

Maternal Blood Collection

Date: D ____ M ____ Y _____ Time: hr_____: min _____

Sample sent as : ☐ clotted blood
: ☐ unfrozen serum
: ☐ frozen serum

Requester's Information

Name : _____
Signature : _____
Centre : _____
Phone/Fax : _____/_____

IMPORTANT:
- Clotted blood samples should be sent within 24 hours of collection and will NOT be processed if it arrives at the laboratory more than 24 hours after collection.
- Blood samples should be kept at 2-8◦C until shipment and should be kept in an ice-box during transportation.
- Blood sample, Blood pressure and Uterine Doppler should be taken between 11^{+0} to 14^{+1} weeks, corresponding to a CRL range of 42-84mm
- For any enquires, please call 3505 4217 or fax 2725 2638.

Laboratory Use Only

FOR LABORATORY USE

Date & Time received : _____ Lab. Ref. : _____