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

Request Form – 1st Trimester Combined Down Syndrome Screening

Patient information

Fill in or place the patient's label

Name: _____

HKID / Passport no.: _____

Pregnancy / Case no.: _____

Hospital / Centre: _____

Maternal Details

Actual DOB : D: ___M: __ Y: ____

Body weight : _____ kg

Height : _____ cm

Gravida: _____ Parity: _____

Ethnicity

☐ **East Asian**
Chinese/Japanese/Korean/
Others:_____

☐ **Caucasian**
Caucasian/Middle Eastern/
Others:_____

☐ **South East Asian**
Filipino/Indonesian/Thai/
Malay/Vietnamese/
Cambodian/
Others:_____

☐ **South Asian**
Pakistani/Bangladeshi/
Indian/Nepalese/
Others:_____

☐ **African/Caribbean**
Others: _____

Medical History

Chronic hypertension: ☐No ☐Yes DM: ☐ No ☐ Yes

Previous pre-eclampsia: ☐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:_____

Embryo transfer: D:___ M:___Y:_____

☐ Egg Donor (please provide the DOB or age of donor at Egg donation / Freezing: D:___ M:___ Y:____ or age ____)

Ultrasound Scan

Name of Sonographer: _____

Date of USG: D:____ M: ____ Y:_____ Multiple pregnancy: DCDA/MCDA/MCMA/Others:_____

	Singleton / T1	T2	T3
CRL:	_____ mm	_____ mm	_____ mm
NT:	_____ mm	_____ mm	_____ mm
BPD:	_____ mm	_____ mm	_____ mm
FHR:	_____ bpm	_____ bpm	_____ bpm
Presentation: (For multiple pregnancies only)	Left / Right / Upper/ Lower	Left / Right / Upper/ Lower	Left / Right / Upper/ Lower

Fetus USG findings: Exomphalos / Omphalocele: Y / N

Bladder ≥7mm / Megacystis: Y / N Others: _____

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 11^{+0} to 13^{+6} weeks.
- Further information are available at https://www.obg.cuhk.edu.hk/
- For any enquires, please call 3505 4217 or fax 2725 2638.

Laboratory Use

FOR LABORATORY USE

Lab. No. : _____ Date & Time received : _____