

# BayCare Maternal Testing Information Form (to be completed by ordering clinician)

**PATIENT NAME (LAST, FIRST):** \_\_\_\_\_

**PATIENT DATE OF BIRTH:** \_\_\_\_\_

**COLLECT DATE:** \_\_\_\_\_

**For any maternal test listed below:**

- Maternal Genetic (SENDOUT)
- 1st Trimester Screen (SENDOUT)
- AFP1 Maternal Screen (SENDOUT)
- AFP4 Maternal Risk (SENDOUT)
- AFP5 Penta Maternal Screen (SENDOUT)
- Sequential 1 Maternal Screen (SENDOUT)
- Sequential 2 Maternal Screen (SENDOUT)

**Please complete the following information and send with original request for patient collection:**

**Maternal Weight (lbs, oz)** \_\_\_\_\_

**Maternal Height (ft, in.)** \_\_\_\_\_

**Mother's Ethnic Origin** \_\_\_\_\_

**Intellectual and Developmental Disabilities** \_\_\_\_\_

**Number of Fetuses** \_\_\_\_\_

**Other Indications AFP** \_\_\_\_\_

**Additional Maternal Info** \_\_\_\_\_

**Previous Elevated AFP** \_\_\_\_\_

**US Crown Length Rump (mm)** \_\_\_\_\_

**US Crown Length Rump date** \_\_\_\_\_

**Nuchal Translucency (mm)** \_\_\_\_\_

**Nuchal Translucency Twin (mm)** \_\_\_\_\_

**Donor Egg** \_\_\_\_\_

**Donor Age: Egg Retrieval** \_\_\_\_\_

**Type of Egg Donor** \_\_\_\_\_

**Prior DownSynd/Open Neural Tube Defects Screen** \_\_\_\_\_

**Gestation Age (weeks, days)** \_\_\_\_\_

**Personal/Fam HX?** \_\_\_\_\_

**Opt out microdels (Y/N)** \_\_\_\_\_

**Opt out fetal sex (Y/N)** \_\_\_\_\_

**Prior 1st Trimester Test** \_\_\_\_\_

**Prior 2nd Trimester Test** \_\_\_\_\_

**Family History Neural Tube Defects** \_\_\_\_\_

**Prior Pregnancy with Downs** \_\_\_\_\_

**Chorionicity (Twins Only)** \_\_\_\_\_

**Sonographer Last, First name** \_\_\_\_\_

**Sonographer ID Number** \_\_\_\_\_

**Credentialed by** \_\_\_\_\_

**Site Number** \_\_\_\_\_

**Reading Physician ID** \_\_\_\_\_

**Insulin Dependent** \_\_\_\_\_

**Estimated Date of Delivery/Estimated Date of**

**Confinement** \_\_\_\_\_

**EDD Determined by:**

- Ultrasound**
- Last Menstrual Period (LMP)**
- Physical Exam**

**Abnormal MSS (Y/N)?** \_\_\_\_\_

**Abnormal US (Y/N)?** \_\_\_\_\_