

## Clinical History for Prenatal Screening

| Double Marker by Prisca <input type="checkbox"/> or DELFIA <input type="checkbox"/><br>(9 weeks - 13 weeks 6 days) | Triple Marker <input type="checkbox"/><br>(14 weeks - 22 weeks 6 days) | Quadruple Marker <input type="checkbox"/><br>(14 weeks - 22 weeks 6 days) |
|--|--|---|
| PATIENT INFORMATION  |  |   |
| Patient's name:  | Sample Collection Date:  |   |
| Birth date of Patient:   | Age:   |   |
| LMP date:  |  |   |
| Parameters Required  |  |   |
| Weight:  | Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No      | Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Ethnic Origin or Race (if pertinent): Asian <input type="checkbox"/> Others <input type="checkbox"/>               |  |   |
| Pregnancy Induced by IVF: <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  | If IVF, donor Birth date/Age:   |
| No. of Fetuses or Multiple Gestations: Single/Twins.   |  |   |
| Complete Ultrasound Report mentioning CRL with NT is required for Double Marker.                                   |  |   |
| Complete Ultrasound Report with CRL, BPD and NT is required for Triple/Quadruple Marker.                           |  |   |
| <b>Kindly attach a copy for the above.</b>   |  |   |
| Relevant Obstetric History (specifically genetic defects):   |  |   |
| Relevant Family History (specifically genetic defects):  |  |   |
| Patient's contact number:  | Referred by:   |   |
|  | Clinician's contact Number:  |   |

**This test will be carried out by Immulite 2000 and assessed by Prisca 5.0 software and also carried out by DELFIA Xpress & assessed by Life Cycle software.**

**Signature and Stamp of Clinician**