

Second Trimester Maternal Screening Alpha-Fetoprotein (AFP)/Quad Screen Patient Information Sheet

Patient Name <i>(Last, First, Middle Initial)</i> _____		
Ordering Physician Name _____	Physician Phone <i>(Required - include International and/or Area Code)</i> _____	MML Account Number <i>(if known)</i> _____

1. Serum Collection Date *(Month DD, YYYY)* _____

2. Birth Date *(Month DD, YYYY)* _____

3. EDD *(Month DD, YYYY)* _____ by Ultrasound LMP

Note: *Dating method impacts risk calculation and screening performance. Ultrasound dating increases overall screening performance and is required for twin gestations.*

4. Weight _____ lbs or _____ kg

5. Insulin Dependent Diabetic? Yes No *Select Yes if patient was on insulin prior to this pregnancy; otherwise, select No*

6. Race? Black Other/Non-Black/Mixed

7. Number of fetuses? 1 2 *(Note: Risk estimate not available for 3 or more fetuses.)*
 If Twins, number of chorions: Monochorionic Dichorionic Unknown

8. In-Vitro Fertilization (IVF) ? Yes No *The age of the egg affects the risk calculations.*
 If egg donor (other than patient), need donor DOB: *(Month DD, YYYY)* _____ or current age: _____
 If frozen egg or embryo used, how long was egg or embryo frozen: *(Years, Months)* _____

9. Has the patient had a previous pregnancy with Down syndrome (trisomy 21) or other trisomy? Yes No

10. Has the patient had a previous pregnancy with Neural Tube Defects (NTD)? Yes No

11. Does the patient or father of the baby have a Neural Tube Defect? Yes No

General risk assessment information

- Neural tube defect (NTD) risk assessment is available from 15 weeks, 0 days to 22 weeks, 6 days; 16-18 weeks is preferred.
- Down syndrome and trisomy 18 risk assessment is available from 14 weeks, 0 days to 22 weeks, 6 days.

Information required

- By providing all information listed above, the most accurate patient - specific risk can be calculated.
- An uninterpretable report will be generated when the following are not provided: Serum collection date, Birth Date, EDD, and weight

If you have questions, contact Mayo Medical Laboratories at 1-800-533-1710 and ask for the Maternal Screening area.