

Patient ID

Clear identification of the woman is required to ensure results are attributed to the correct individual

DOB

Maternal date of birth forms the basis of the Down's syndrome, Edwards'/Patau's syndrome chance calculation

Requester

Required to show consent has been obtained for Down's syndrome, Edwards'/Patau's syndrome screening

Twin measurements

Measurements for both twins and chorionicity are needed for accurate chance calculation for Down's syndrome, Edwards'/Patau's syndrome

Smoking

There are differences in serum concentrations of some biochemical markers in smokers which affect the calculated chance. It is important to inform the laboratory so that an adjustment to the chance calculation can be made

Ethnic Origin

There are slight differences in the serum concentrations of some biochemical markers between ethnic groups. Where there is a known effect this will be taken into account in the Down's syndrome, Edwards'/Patau's syndrome chance calculation. The ethnic origins listed on the card are the ones that the laboratory needs to make a small adjustment for

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

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Request card for combined screening in singleton and twin pregnancies for Down's, Edwards' and Patau's syndromes
Request card for quadruple screening in singleton pregnancies for Down's syndrome only

Patient's ID Number _____
Patient NHS number _____
Surname _____
Forename _____
Address _____
PostCode _____
DoB ____/____/____

Hospital and Lead Professional

LAB USE

Requester's Signature: _____ Date: ____/____/____

SCAN MEASUREMENTS**SINGLETON/TWIN 1 MEASUREMENTS**

CRL _____. ____ mm (45.0mm – 84.0mm)

NT _____. ____ mm

HC _____. ____ mm (88.0mm-147.0mm)

IF TWIN PREGNANCY

Type: Monochorionic/ Dichorionic/ Unknown

TWIN 2 MEASUREMENTS

CRL _____. ____ mm (45.0mm – 84.0mm)

NT _____. ____ mm

DATE OF SCAN ____/____/____

Sonographer Code _____

MATERNAL WEIGHT _____. ____ Kg (to 1 decimal place)

Please circle any of the following that apply as they will need to be adjusted for in the result

SMOKING YES NO

DIABETES INSULIN None Type 1 Type 2
YES NO YES NO

MATERNAL ORIGIN - Maternal parents or grandparents

In case of mixed family origins please circle all applicable

Black

Oriental

Indian/Pakistan/Bangladesh

ASSISTED REPRODUCTION**IVF Own Egg**

Date egg harvested

____/____/____

IVF Donor Egg

Age of egg donor at harvest

____/____/____

COLLECTION INFORMATION (Sample Type: Serum)

Samples taken by: _____

Time of Collection: ____/____/____ Time: ____:____:____

Date of collection

It is essential to date the sample because the biochemical markers vary with gestational age and for the laboratory to know the age of the sample.

Assisted reproduction

The age of the egg donor or the mother when the egg was harvested will be used in the Down's syndrome, Edwards'/Patau's syndrome chance calculation

Lead

Professional/hospital
Clear details of where to send the report are required. For example please state if Royal Glam or Royal Gwent. RG is not sufficient.

Scan measurements

It is important to accurately date the pregnancy because the biochemical markers vary with gestational age. Scan measurements should be supplied correct to 1 decimal place. CRL or HC give the most accurate estimate of gestation

Sonographer code

Required by DQASS

Maternal weight

Maternal weight is proportional to blood volume. This has an effect on the concentration of biochemical markers. An accurate weight measurement (to the nearest kilogram) is needed to adjust for this

Diabetes

History of maternal diabetes and insulin therapy needed for chance calculation of Down's syndrome, Edwards'/Patau's syndrome screening