



**Clinical History for Prenatal Screening**

<b>Double Marker</b> <input type="checkbox"/> (9 wks-13 wks 6 days)	<b>Triple Marker</b> <input type="checkbox"/> (14 wks-22wks 6 days)	<b>Quadruple Marker</b> <input type="checkbox"/> (14 wks-22 wks 6 days)
<b>PATIENT INFORMATION</b>		
Patient's name:		Sample Collection Date:
Birth date of Patient:		Age:
LMP date:		
<b>Parameters Required</b>		
Weight:	Smoking: Yes/No	Diabetic: Yes/No
Ethnic Origin or Race (if pertinent): Asian/Others		
Pregnancy Induced by IVF: Yes/No		If IVF, donor Birthdate/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 is required (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.

Signature and Stamp of Clinician