MAYO CLINIC
Mayo Medical Laboratories

First Trimester/Sequential Maternal Screening Patient Information Sheet

Patient Name *(Last, First, Middle Initial)*		
Ordering Physician Name	**Physician Phone** (Required - Include International and/or Area Code)	MML Account Number (if known)

1. Serum Collection Date *(mm/dd/yyyy)* _____

2. Birth Date *(mm/dd/yyyy)* _____

3. Weight _____**lbs** or _____**kg**

Ultrasound Information

4. Sonographer Name _____

5. Sonographer Code (Mayo Assigned) _____

6. Ultrasound Date *(mm/dd/yyyy)* _____

7. CRL-A (Crown Rump Length) _____ mm

8. NT-A (Nuchal Translucency) _____ mm

9. If Twins, A. CRL-B _____ mm B. NT-B _____ mm

10. Number of fetuses? ☐ 1 ☐ 2 (Note: Risk estimate not available for 3 or more fetuses.)

If Twins, number of chorions: ☐ Monochorionic ☐ Dichorionic ☐ Unknown

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

12. Race? ☐ Black ☐ Other/Non-Black/Mixed

13. In-Vitro Fertilization (IVF)? ☐ Yes ☐ No The age of the egg affects the risk calculations.

If egg donor (other than patient), need donor birth date: *(mm/dd/yyyy)* _____ or current age: _____

If frozen egg or embryo used, how long was egg or embryo frozen: *(Years, Months)* _____

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

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

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

17. Is this a repeat serum screen? ☐ Yes ☐ No If yes and MayoAccess client, indicate "Repeat Screen" in performing lab notes.

General risk assessment information

First trimester Down syndrome and trisomy 18 risk assessment is available from 10 weeks, 0 days to 13 weeks, 6 days, which corresponds to CRL measurements between 31 and 80 mm.

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, weight, and ultrasound information.

If you have questions, contact Mayo Medical Laboratories at 800-533-1710 and ask for Maternal Screening Area

Part 1 – Mayo Copy **Part 2 – Client Copy**

MML Supply T593