

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>

<p>1. Serum Collection Date <i>(mm/dd/yyyy)</i> _____</p> <p>2. Birth Date <i>(mm/dd/yyyy)</i> _____</p> <p>3. EDD <i>(mm/dd/yyyy)</i> _____ by <input type="checkbox"/> Ultrasound <input type="checkbox"/> LMP</p> <p>Note: <i>Dating method impacts risk calculation and screening performance. Ultrasound dating increases overall screening performance and is required for twin gestations.</i></p> <p>4. Weight _____ lbs or _____ kg</p>
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<p>5. Medication Dependent Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Select Yes if patient has a history of medication-dependent diabetes mellitus (DM) at the time of conception (oral or insulin).</i></p> <p>6. Race? <input type="checkbox"/> Black <input type="checkbox"/> Other/Non-Black/Mixed</p> <p>7. Number of fetuses? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <i>(Note: Risk estimate not available for 3 or more fetuses.)</i></p> <p style="padding-left: 40px;">If Twins, number of chorions: <input type="checkbox"/> Monochorionic <input type="checkbox"/> Dichorionic <input type="checkbox"/> Unknown</p> <p>8. In-Vitro Fertilization (IVF) ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>The age of the egg affects the risk calculations.</i></p> <p style="padding-left: 40px;">If egg donor (other than patient), need donor DOB: <i>(mm/dd/yyyy)</i> _____ or current age: _____</p> <p style="padding-left: 40px;">If frozen egg or embryo used, how long was egg or embryo frozen: <i>(Years, Months)</i> _____</p> <p>9. Has the patient had a previous pregnancy with Down syndrome (trisomy 21) or other trisomy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Has the patient had a previous pregnancy with Neural Tube Defects (NTD)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Does the patient or father of the baby have a Neural Tube Defect? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Is this a repeat serum screen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes and MayoAccess client, indicate "Repeat Screen" in performing lab notes.</i></p>

<p>General risk assessment information</p> <ul style="list-style-type: none"> 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. <p>Information required</p> <ul style="list-style-type: none"> 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.