REQUEST FOR PRENATAL SCREENING FOR NTD +/- DOWN SYNDROME

1. □ INITIAL SPECIMEN □ RECALCULATE BASED ON NEW CLINICAL INFORMATION BELOW
   □ REPEAT SPECIMEN (Indicated only if previous MS AFP borderline or previous specimen for QUAD/MS AFP drawn too early)

2. □ QUAD maternal serum screen for AFP, HCG, UE3, Inhibin A (PNQ)
   □ MATERNAL SERUM AFP (MAF) This screening option only provides NTD risk assessment; therefore it should only be ordered if CVS or first trimester screening (for chromosome abnormalities) was previously done in this pregnancy.
   □ AMNIOTIC FLUID AFP (AAF) with reflex testing for acetylcholinesterase if AFP elevated

3. PT DOB: _______________ WEIGHT: __________ ETHNICITY: □ WHITE □ BLACK □ HISPANIC □ OTHER

4. Estimated gestational age at time of specimen collection: _____ Weeks _____ Days,
   Based on □ LMP of _______ or □ Ultrasound on Date ________________________ with EDD of ____________

5. Pregestational insulin dependent diabetes? □ NO □ YES
   (Mark YES if she was in poor control in the first trimester [HgA1c>7.0] regardless of insulin use)

6. □ SINGLETON □ TWIN □ OTHER MULTIPLE: _______________

7. IVF Pregnancy? □ NO □ YES, age of egg donor __________

8. Previous pregnancy with neural tube defect? □ NO □ YES (If Yes, genetic counseling is indicted)

9. Previous pregnancy with Down syndrome? □ NO □ YES (If Yes, genetic counseling is indicted)

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REQUEST FOR FETAL LUNG MATURITY TEST (AMNIOTIC FLUID)

□ Lamellar Body Count (LBC) □ L/S RATIO (Please note this is a send out lab.)

Estimated gestational age at time of specimen collection: ________ Weeks ________ Days by EDD of ________ BY □ LMP □ Ultrasound

DATE OF LMP: _______________ DATE OF ULTRASOUND: _______________ 

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REQUEST FOR DELTA OD 450 ANALYSIS IN AMNIOTIC FLUID

□ DELTA OD 450 (PLEASE NOTE THIS IS A SEND OUT TEST)

Estimated gestational age at time of specimen collection: ________ Weeks ________ Days by EDD of ________ BY □ LMP □ Ultrasound

DATE OF LMP: _______________ DATE OF ULTRASOUND: _______________ 

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CLINICAL INFORMATION SHOULD BE COMPLETED BY REQUESTING PHYSICIAN

REQUESTING PHYSICIAN