



MATERNAL SERUM SCREEN REQUISITION FORM

Please tick requested test

DOUBLE MARKER

TRIPLE MARKER

QUADRUPLE MARKER

Patient Information	Patient's Name :		Lab No :	
	Patient's ID :		Mob. :	
	DOB (dd/mm/yy) :		Nationality:	
	Weight :	KG	LMP (dd/mm/yy) :	Initial <input type="checkbox"/> Repeat <input type="checkbox"/>
Height :	CM	Sample Collection Date :		
		Sample type :		

Case History	Diabetic :	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Smoking :	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Folic Acid Supplementation Before Conception:	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Gestation :	<input type="checkbox"/> SINGLE <input type="checkbox"/> TWINS, If Yes : <input type="checkbox"/> DICHORIONIC <input type="checkbox"/> MONOCHORIONIC
	Type of Pregnancy:	<input type="checkbox"/> SPONTANEOUS <input type="checkbox"/> OVULATION INDUCTION <input type="checkbox"/> IVF If Yes : <input type="checkbox"/> OWN EGGS <input type="checkbox"/> DONOR EGGS If Yes : DOB of Donor:
	Race/ Ethnicity :	<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> African <input type="checkbox"/> Others
	Previous pregnancy with chromosomal abnormality:	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes : <input type="checkbox"/> TRISOMY 21 <input type="checkbox"/> TRISOMY 13/18 <input type="checkbox"/> NTD Note: In women with previous positive screen results alternative prenatal testing i.e. chorionic villus sampling/amniocentesis is advisable instead of maternal serum screen
Father's Details :	Age : Nationality :	

Ultrasound Information	Date of Ultrasound :	(Scan date should be within 2 to 3 days)
	Gestational Age as per scan :	_____ weeks _____ days
	EDD :	
	NT : _____ mm 1 st Trimester (0.1mm to 5.0 mm)	CRL : _____ mm 1 st trimester (38 mm to 83 mm)
(PHOTOCOPY OF THE USG REPORT TO BE ATTACHED)		

Test Information	The first term maternal serum screening (MSS) test measures PAPP-A and beta hCG between 9weeks and 12 weeks 6 days of pregnancy. A change in the level of these proteins may indicate that there is an increased risk that the baby has Down syndrome.	
	By combining the knowledge about a woman's age, the results of the blood test, the mother's weight and gestational age, the maternal serum screen test can identify pregnancies in which the baby has Down's syndrome's/Edward's syndrome and Patau's syndrome increased risk.	
	<p>Sample acceptability weeks: Double marker :10th to 13.6 week of pregnancy, 1st trimester Triple marker :14th to 22nd week of pregnancy, 2nd trimester Quadruple test :14th to 22nd week of pregnancy, 2nd trimester</p>	<p>Patient's Signature :</p> <p>Physician's signature :</p>