

Test required: Combined Quadruple AFP Only

Syndromes requested for testing: Down's only Edwards & Patau only All three syndromes

Please print name of person who discussed this option with patient _____

PATIENT DETAILS

Surname: Hospital No.:
 Forename: Date of birth: DD MM YY
 NHS No.: Post code:

CLINICAL DETAILS (To be completed by Midwife or Doctor)

First day of Last Menstrual Period (LMP) DD MM YY Does the patient have Insulin dependent diabetes? (no=0, yes=1)
 Vaginal bleed in the last 7 days? (no=0, yes=1) If yes please see overleaf Is this an IVF pregnancy? (no=0, yes=1)
 Maternal weight (kgs) If yes egg collection date: DD MM YY
 Height (cms) embryo transfer date DD MM YY
 Previous Neural Tube Defect pregnancies (none=0, one=1, two or more=2) If egg(s) donated enter the donor's DOB DD MM YY
 Previous Down's Syndrome pregnancies (none=0, non-inherited=1, inherited translocation=2, type not known=3) If unknown, enter donor age
 If the patient had a previous pregnancy with Down's syndrome how old was she at the time? Does the patient smoke? (no=0, yes=1, given up during pregnancy=2, e-cigarettes=3, patches=4)
 Previous other chromosomal pregnancy (no=0, yes=1). If yes, please specify abnormality and year diagnosed: If yes, number of cigarettes per day
 Family origin: (Black Caribbean/African=1, White European=2, Indian/Pakistani/Bangladeshi/Sri Lankan=4, Chinese/Japanese/SE Asian=5, Other=6). If other, please specify: Did the patient take a daily supplement containing Folic Acid? (no=0, before becoming pregnant=1, once she knew she was pregnant=2)
 Has the patient had pre-eclampsia in a previous pregnancy? (no=0, yes=1)
 If the patient has had an amniocentesis performed prior to this test please see overleaf.

ULTRASOUND SCAN

Date of scan DD MM YY FETUS 1 FETUS 2
 Hospital where scanned _____ Nuchal translucency (NT) (mm):
 Number of fetuses Crown rump length (CRL) (mm):
 If twins are they monochorionic or dichorionic? (MC=1, DC=2) Head circumference (HC) (mm):
 Name of Sonographer _____ Gestational age at time of scan weeks days
 Sonographer ID Code EDD DD MM YY

Date of serum sample DD MM YY Time taken _____ Sample taken by _____
 Was the DNA sample taken at the same time (no=0, yes=1) If no, please complete below:
 Date of DNA sample DD MM YY Time taken _____ Sample taken by _____

ADDRESS TO WHICH REPORT SHOULD BE SENT



Screening for Down's, Edwards & Patau Syndromes, Open Spina Bifida and Anencephaly

What is the test?

It is a test to screen for Down's, Edwards and Patau syndrome and, if AFP is measured, open neural tube defects (NTD) such as anencephaly and open spina bifida.

The test identifies a group of women who have an increased chance of having a baby with one of these abnormalities.

Women who are selected are offered further tests which tell definitely whether or not the baby is affected. Most women selected in this group will have affected babies.

The results of the blood test are reported as screen-positive or screen-negative.

What does a screen-positive result mean?

It means that there is an increased risk of having a baby with Down's, Edwards or Patau syndromes or an open NTD. A screen-positive result does NOT necessarily mean that your baby is affected and in fact, most women with screen-positive results will have unaffected babies.

What are the further tests I will be offered if I am screen-positive?

If you are screen-positive because the pregnancy has an increased risk of Down's, Edwards or Patau syndrome you will be offered an amniocentesis or chorionic villus sampling. These are diagnostic tests that will tell you whether your baby is affected with Down's syndrome or not. If you are screen-positive due to the pregnancy being at an increased risk of an open NTD you will be offered an ultrasound scan.

What does a screen-negative result mean?

It means that the risk of having a baby with Down's, Edwards or Patau syndromes or an open NTD is not high. However the test cannot detect all cases and so a screen-negative result cannot rule out these abnormalities.

How can I get more information?

A more detailed explanation of the test is given in our Questions & Answers leaflet available in the antenatal clinic. If you do not have one, please ask.

If you would like to discuss anything further about the test, please feel free to do so with your midwife or doctor. You can also contact the antenatal screening staff at The Doctors Laboratory.

Tel: 020 7307 7373

E-mail: tdl@tdlpathology.co.uk

Website: www.tdlpathology.com

Acceptable sample types

Samples for Combined or Quadruple tests can be taken into a plain (red) or SST (yellow) tube.

Samples for DNA tests must be taken into black/brown Streck tubes

Please DO NOT take samples into anticoagulant tubes e.g. EDTA (purple top).

Instructions for form completion

Please complete all the boxes - failure to do so may delay the result. Any form received without sufficient patient identification may lead to the sample not being accepted by the laboratory.

Additional instructions for samples where quadruple test markers are to be measured

Vaginal Bleeding: If you have had a vaginal bleed within the last 7 days please do not take the blood sample until it has stopped for at least a week. If you are unsure please contact a member of antenatal screening team.

Amniocentesis: If an amniocentesis has been attempted prior to the blood test and AFP is involved a result cannot be interpreted for either Down's syndrome or open NTD.