



**SECTION 1**

Surname	First name	Date of birth:
TDL no.:	NHS no.:	Hospital no.:
Home address:  Postcode:		Hospital/Consultant:

**SCREENING CHOICE**

- 1st Trimester 11+2 – 14+1 weeks** (Down's syndrome, Edwards' syndrome and Patau's syndrome unless otherwise stated)
- 2nd Trimester 14+2 weeks** (Down's syndrome and open neural tube defects)

**Ethnicity** (tick as required, see page 2)

- White
- South Asian
- South East Asian
- African or African Caribbean (Black)
- Other

**Smoker** (NOT including nicotine replacement)

- No
- Yes

**Weight**

\_\_\_\_\_ Kg

**Any previous pregnancy affected by:**

- Down's syndrome
- Edwards' syndrome
- Patau's syndrome
- None of the the above or N/A

**Diabetes:**

- No diabetes
- Diabetes – not on insulin
- Insulin** dependent diabetes

**PREGNANCY**

- Not IVF pregnancy
- IVF pregnancy
- Own egg Egg harvest date: \_\_\_\_\_ Egg transfer date: \_\_\_\_\_
- Donor egg Age of donor at harvest: \_\_\_\_\_ Egg transfer date: \_\_\_\_\_

**Additional comments:**

**Please complete all of the above details accurately. This information is used to calculate and report your screening result.**

**SECTION 2** To be completed by sonographer

Date of ultrasound

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Gestation

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Fetus(es)	Nuchal translucency (NT)	Crown rump length (CRL)	Head circumference (HC)	Biparietal diameter (BPD)
1				
2				

**COMBINED TEST** (1st trimester screening)

CRL between 45mm and 84mm for combination with the nuchal translucency. Note: the nuchal translucency must be measured at the same time as the CRL is measured.

**Not acceptable: CRL <45mm**

**If the CRL is <45mm patient needs to be recalled for a further scan to measure the CRL and NT (see below details of the rate of growth of CRL).**

**QUAD TEST** (2nd trimester screening)

If the CRL is >84mm the gestational age should be calculated using the Head circumference (HC) although a BPD is acceptable. Acceptable: HC 85–172mm / BPD 15–65mm

**Not acceptable: HC >172mm**

**Note: If a patient has been scanned in early pregnancy but a nuchal measurement has not been possible, the patient should be recalled for a quad test when the gestational age is at least 15 weeks based on the early dating scan.**

**TWIN PREGNANCIES** (Select Chorionicity)

- Monochorionic  Dichorionic **We cannot calculate risks for triplet pregnancies**

**Combined test** Dichorionic twins: A risk will be reported for each fetus. Monochorionic twins: A single risk will be reported because the fetuses are identical.

**Quad test** A single pregnancy risk will be reported irrespective of the chorionicity.

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**SECTION 3** To be completed by phlebotomy

Sample taken by:

Date of sample

Signature \_\_\_\_\_ Print name \_\_\_\_\_

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**REPORTING****High risk screening result/Screen positive result**

Risk of trisomy is greater than or equal to 1 in 150. That is the risk is any value from 1 in 2 to 1 in 150.

**Low risk result/Screen negative result**

Risk of trisomy is less than 1 in 150. That is any value from 1 in 151 to less than 1 in 10,000.

**Ethnicity Categories****White** to include:

- United Kingdom White
- Northern European White
- Southern European White
- Any other European White family origin: e.g. Australia, North America, South Africa

**South Asian:** e.g. India or African-Indian, Pakistan, Bangladesh, Sri Lanka**South East Asian:** e.g. China, Hong Kong, Taiwan, Singapore, Japan, Thailand, Indonesia, Malaysia, Vietnam, Philippines, Cambodia, Laos, Myanmar**African or African Caribbean (Black):** e.g. Caribbean Islands, Africa (excluding North Africa)**Other** to include:

- North Africa, South America, Middle East (Saudi Arabia, Iran etc.)
- Mixed ethnic group – applies if you can tick more than one of the categories in bold.

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	FIRST TRIMESTER SCREENING	SECOND TRIMESTER SCREENING
<b>Screening test information</b>	<b>Combined test:</b> NT + PAPP A + Free Beta hCG 11+2 – 14 +1 weeks of pregnancy (CRL 45–84mm) NT to be measured at the same time as the CRL is measured.	<b>Quadruple test:</b> AFP + hCG + uE3 + InhA 14 +2 – 20+0 weeks of pregnancy (HC ≥ 101mm and < 172 mm) The test is best at detecting open neural tube defects between 15 and 16 weeks.
<b>Sample stability and sample required</b>	4.5–5.0 mLs clotted venous blood sample taken in a Serum-Gel tube is preferred. A plain tube is also acceptable. Tubes containing EDTA/other additives are unacceptable. Please label all samples with the following information: Surname, Forename, Date of birth, Date and Time of collection, TDL number. <b>1st trimester</b> samples MUST BE SPUN, those in a Serum-Gel tube will not require further separation after spinning. Samples in a Plain tube should be spun and separated, sending the serum aliquot. Samples should arrive at the laboratory within 48hrs of collection, this is particularly important in warm weather due to instability of free Beta hCG. <b>2nd trimester</b> samples should ideally be spun and separated as above, however whole blood will still be accepted and samples should arrive at the laboratory within 6 days of collection. The stability of samples is improved by refrigeration at 4°C. Whole blood samples should not be frozen or placed on dry ice. For all international clients a frozen serum sample is required.	

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