

Down Syndrome

1ST Trimester Screen .

2nd Trimester Screen

Patient Information

Patient Name (First, Last)

Age: Date of Birth: File No.:

Ref. By: Date of Sample Collection:

Clinic/Hospital:

History:

Weight: Kg (At the time of sample collection)

LMP:

Smoking Yes No

Ethnic Origin Asian Caucasian African Others

Twins Yes No

Insulin Dependent (Diabetes) Yes No

IVF / IUI Date No

Ultra Sonography:

USG Date Sonographer Name :

USG Findings:

Gestational Age Wks (On the date of scan)

BPD mm

Nuchal Tranlucency (NT) mm

CRL mm

Double Marker : 8 – 13.6 weeks Quadruple Marker : 14 – 22.6 weeks Triples Marker: Can be performed from 14 weeks up to 26 weeks.

Other/Previous Investigation (If Any)

Previous trisomy 21 Pregnancies Yes No Unknown

Nasal Bone Present Absent Unknown

Amniocentesis / CVS Date: Yes No

Result:

Amniocentesis with fetal loss Amniocentesis without complication

CVS with fetal loss CVS without complication

Karyotype / Diagnosis. Yes No

Trisomy 13 Trisomy 18 Trisomy 21 Normal Karyotype

Translocation Turnexo Klinefeler XXY Anencephaly

Spina Bifida Others:

Termination of Pregnancy - Date: N/A Intrauterine Death Date: N/A

Date :

Name of the Doctor:

Sigature & Stamp