

## Clinical History for Prenatal Screening

Double Marker by Prisca  or DELFIA   
(9 weeks - 13 weeks 6 days)Triple Marker   
(14 weeks - 22 weeks 6 days)Quadruple Marker   
(14 weeks - 22 weeks 6 days)

### PATIENT INFORMATION

Patient's name:

Sample Collection Date:

Birth date of Patient:

Age:

LMP date:

### Parameters Required

Weight:

Smoking:  Yes  NoDiabetic:  Yes  NoEthnic Origin or Race (if pertinent): Asian  Others Pregnancy Induced by IVF:  Yes  No

If IVF, donor Birth date/Age:

No. of Fetuses or Multiple Gestations: Single/Twins.

Complete Ultrasound Report mentioning CRL with NT is required for Double Marker.

Complete Ultrasound Report with CRL, BPD and NT is required for Triple/Quadruple Marker.

**Kindly attach a copy for the above.**

Relevant Obstetric History (specifically genetic defects):

Relevant Family History (specifically genetic defects):

**Patient's contact number:****Referred by:****Clinician's contact Number:**

**This test will be carried out by Immulite 2000 and assessed by Prisca 5.0 software and also carried out by DELFIA Xpress & assessed by Life Cycle software.**

**Signature and Stamp of Clinician**