



Instructions: Complete all information on this form and fax it with a copy of the sonographer's certification card or certificate, and a spreadsheet containing the sonographer's NT/CRL data to 507-284-1759.

Client Information

MCL Account Number	Account Name		
Contact	Phone		
Street Address	City	State	ZIP Code
MCL will provide sonographer QC data on a regular basis. Select one of the following: <input type="checkbox"/> Client agrees to distribute QC data to the sonographer: Client Email: _____ <input type="checkbox"/> Send QC data directly to the sonographer			

Sonographer Information (Form must be completed for each certified sonographer.)

Sonographer Name <i>(Last, First)</i>	
Sonographer Phone	Sonographer Email
Certifying Agency <input type="checkbox"/> NTQR/DMSTAT DMSTAT Site ID: _____ <input type="checkbox"/> FMF <input type="checkbox"/> FASTER	
Certification Number	

Supervisor Information

Supervisor Printed Name <i>(Last, First)</i>	Date <i>(mm-dd-yyyy)</i>
Phone	Email

Sonographer NT/CRL Data

<p>Sonographers must provide paired NT/CRL measurement from as many pregnancies as possible to validate the appropriate reference data. Send a spreadsheet with this form that includes the name of the sonographer. Format the file with the following three columns:</p> <ul style="list-style-type: none"> • Date of Scan • CRL (mm) • NT (mm)
--