



*Second Trimester Maternal Screening  
Alpha-Fetoprotein (AFP) / Quad Screen  
Patient Information*

**Patient Information**

Name <i>(Last, First, Middle)</i>		Birth date <i>(mm-dd-yyyy)</i>
Ordering Provider Name <i>(Last, First)</i>	Phone	Fax*

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

**Reason for Testing**

**Clinical Information**

1. Serum collection date *(mm-dd-yyyy)*: \_\_\_\_\_

2. Estimated delivery date *(mm-dd-yyyy)*: \_\_\_\_\_ by  Ultrasound  Last menstrual period

Note: Dating method impacts risk calculation and screening performance. Ultrasound dating increases overall screening performance and is required for twin gestations.

3. Weight: \_\_\_\_\_ lbs or \_\_\_\_\_ kg

**Clinical History**

4. Insulin-dependent diabetic:  Yes  No Select Yes if patient was on insulin prior to this pregnancy. Otherwise, select No.

5. Patient race:  Black  Other/Non-black/Mixed

6. Number of fetuses:  1  2 Risk estimate not available for 3 or more fetuses.  
If twins, number of chorions:  Monochorionic  Dichorionic  Unknown

7. In-vitro fertilization:  Yes  No The age of the egg affects the risk calculations.  
If egg donor (other than patient), provide donor birth date *(mm-dd-yyyy)*: \_\_\_\_\_ or current age: \_\_\_\_\_  
If frozen egg or embryo is used, provide egg or embryo freeze date *(mm-dd-yyyy)*: \_\_\_\_\_

8. Has the patient had a previous pregnancy with Down syndrome (trisomy 21) or other trisomy?  Yes  No

9. Has the patient had a previous pregnancy with neural tube defects?  Yes  No

10. Does the patient or father of the baby have a neural tube defect?  Yes  No

11. Is this a repeat serum screen?  Yes  No If yes and MayoAccess client, indicate "repeat screen" in performing lab notes.

12. Current cigarette smoking status:  Smoker  Nonsmoker

**General Risk Assessment Information**

- Neural tube defect risk assessment is available from 15 weeks and 0 days to 22 weeks and 6 days; 16–18 is preferred.
- Down syndrome and trisomy 18 risk assessment is available from 14 weeks and 0 days to 22 weeks and 6 days.

**Information Required**

- By providing all information listed above, the most accurate patient-specific risk can be calculated.
- An uninterpretable report will be generated when the following are not provided: serum collection date, birth date, estimated date of delivery, and weight.

If you have questions, call 800-533-1710 and ask for the Maternal Screening area.