

## PRENATAL QUAD SCREEN INFORMATION FORM

Please have drawn between \_\_\_\_\_ and \_\_\_\_\_.

Please print all information.

Addressograph Label

Name: \_\_\_\_\_  
(Last, First, MI)

Physician: \_\_\_\_\_

Results to (location): \_\_\_\_\_

Repeat Sample (circle one):    Yes    No

Acct No: \_\_\_\_\_

Pregnancy History:    G \_\_\_\_\_    P \_\_\_\_\_    AB \_\_\_\_\_

LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

US Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    GA wks/day from US: \_\_\_\_\_

Weight: \_\_\_\_\_

Race (circle one):    White    Black    Asian    Hispanic    Other: \_\_\_\_\_

In-Vitro Fertilization (circle one):    Yes    No  
(If egg donor is other than patient, need donors DOB or age at donation.) \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Pregnancy (circle one):    Single    Twin    Multiple Pregnancy

Family History of DS (circle one):    Yes    No    Relation: \_\_\_\_\_

Family History of OSB (circle one):    Yes    No    Relation: \_\_\_\_\_

Insulin-Dependent Diabetes (current pregnancy) (circle one):    Yes    No  
(Circle yes if patient was on insulin prior to this pregnancy; otherwise select No.)

FOR COMPLETION BY LAB:

Alpha-Fetoprotein: \_\_\_\_\_

Genetic HCG: \_\_\_\_\_

Genetic UE3: \_\_\_\_\_

Dimeric Inhibin A: \_\_\_\_\_