

## Information form for 1st trimester down's syndrome risk evaluation (PAPP-A, Free- $\beta$ -hCG and Nuchal Translucency)

Based on analysis of biological markers in maternal blood

Test performed only at the 1<sup>st</sup> trimester (between 10w0d and 13w6d for CRL between 40 to 80mm) and in single pregnancies for patients between 16 and 55 years old..

### Patient information

First name: .....

Last name: .....

Date of Birth: ..... / ..... / .....  
Day / Month / Year

### Pregnancy information

■ Sample date: ..... / ..... / .....  
Day / Month / Year

■ LMP: ..... / ..... / .....  
Day / Month / Year

■ Scan Date: ..... / ..... / ..... i.e. Gestational Age ..... / ..... of amenorrhoea on scan day  
Day / Month / Year Weeks / Days

■ EDD: ..... / ..... / .....  
Day / Month / Year

■ Mother's weight: ..... Kg

■ Crown Rump Length: ..... mm

■ Nuchal Translucency: ..... mm

■ Previous Neural Tube Defect  YES  NO

■ Previous Down's syndrome:  YES (which relative)  NO

■ Insulin Dependent Diabetes:  YES  NO