

Information form for 2nd trimester Down's syndrome and Neural Tube Defect risk calculation

Based on analysis of biological markers in maternal blood

Test performed only during the 2nd trimester between 14w0d and 20w0d of Amenorrhoea.

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

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

■ Insulin Dependent Diabetes: YES NO

■ Monogeminal Pregnancy: YES NO

■ Number of foetuses:
Twins: YES NO

If Yes: Monochorial
 Bichorial

■ Smoker: YES NO