GERMANO DE SOUSA
CENTRO DE MEDICINA LABORATORIAL

◯ PRENATAL SCREENING
FIRST TRIMESTER COMBINED SCREENING

◯ 1ST TRIMESTER 8th-13th semana + 6 dias · PAPP-A e ß-HCGlivre

◯ 2ND TRIMESTER 14th-22th semana · ß-hcg livre + AFP

◯ PREECLAMPSIA SCREENING

◯ 1ST TRIMESTER 11st-13rd week + 6 days · PIGF + PAPP-A

◯ 2ND TRIMESTER 19th-24th week + 6 days · PIGF

◯ 3RD TRIMESTER ◯ 30th-34th week + 6 days · PIGF ◯ 35th-37th week + 6 days · PIGF

◯ SFLT-1/PLGF >20 weeks

PATIENT'S IDENTIFICATION

NAME DATE OF BIRTH / /

EMAIL MOBILE BLOOD COLLECTION DATE / /

ORDERING CLINICIAN'S IDENTIFICATION

ORDERING CLINICIAN NEXT APPOINTMENT DATE / /

MOBILE EMAIL / CONTACT TO SEND RESULTS

CLINICAL HISTORY

ETHNICITY: ◯ CAUCASIAN ◯ BLACK ◯ ASIA SOUTH ◯ ASIA ORIENTAL ◯ MIXED BETWEEN:

WEIGHT (KG) WEIGHT BEFORE PREGNANCY (KG) HIGHT (M) DATE OF DELIVERY / /

SMOKING STATUS ◯ Y ◯ N DIABETES ◯ TYPE 1 ◯ TYPE 2

PARITY: ◯ NULIPAROUS ◯ MULTIPAROUS (PREGNANCIES > 23 WEEKS) MISCARRIAGES ◯ Y ◯ N

PRENATAL SCREENING IN PREVIOUS PREGNANCY ◯ Y ◯ N IF YES, WHAT WAS THE RESULT: ◯ POSITIVE ◯ NEGATIVE

PREVIOUS TRISOMIES: ◯ T21 ◯ T18 ◯ T13 NEWBORN WITH NEURAL TUBE DEFECTS: ◯ Y ◯ N IF, YES WHAT TYPE?

AUTOIMMUNE PATOLOGY ◯ Y ◯ N IF YES: ◯ SLE ◯ SAF OTHER:

CONCEPTION: ◯ SPONTANEOUS ◯ IVF ◯ ARTIFICIAL INSEMINATION (AIH/AID)

IF IVF: EGG ◯ SELF DONATION (DATA COLHEITA ÓVULOS / /) ◯ DONOR (EGG DONOR AGE:)

OVULATION: ◯ SPONTANEOUS ◯ DRUG INDUCED OVULATION

ULTRASOUND INFORMATION

ULTRASOUND PHYSICIAN FMF ID:

ULTRASOUND APPOINTMENT DATE / / ULTRASOUND CLINIC: LAST MENSTRUAL PERIOD DATE / /

GESTATIONAL AGE BY LAST MENSTRUAL PERIOD: BY ULTRASOUND:

PREGNANCY: ◯ SINGLE ◯ TWINS ◯ BICORIONIC ◯ BIAMNIOTIC

FETAL SEX: ◯ F ◯ M **CROWN-RUMP LENGTH [CRL]** (mm) **NUCHAL TRANSLUCENCY [NT]** (mm)

BIPARETAL DIAMETER [DBP] (mm) FETAL HEART RATE:

NASAL BONE (NB): ◯ PRESENT ◯ ABSENT ◯ HIPOPLASIC

UTERINE ARTERY - PULSTILITY INDEX (UA-PI) LEFT PI: PSV (cm/s) RIGHT PI: PSV (cm/s)

ULTRASOUND MARKERS: ◯ HOLOPROSENCEPHALY ◯ DIAPHRAGMATIC HERNIA ◯ VENTRICULAR-ATRIAL SEPTAL DEFECT

◯ EXOMPHALOS ◯ MEGACYSTIS>OU=7MM

CLINICAL HISTORY - PREECLAMPSIA SCREENING

DETAILS OF LAST PREVIOUS PREGNANCY AT ≥ 24 WEEKS: PREECLAMPSIA ◯ Y ◯ N DATE OF DELIVERY / /

GESTATION AT DELIVERY: WEEKS DAYS INTER-PREGNANCY INTERVAL: YEARS

CHRONIC HIPERTENSION ◯ Y ◯ N ARTERIAL PRESURE (2 MESUREMENTS FROM BOTH ARMS):

LEFT ARM: SISTOLIC | | | RIGTH ARM: SISTOLIC | | |

LEFT ARM: DIASTOLIC | | | RIGTH ARM: DIASTOLIC | | |

OTHER CLINICAL INFORMATION: MOTHER OF THE PATIENT HAD PE ◯ Y ◯ N

INFORMED CONSENT: I give permission to perform the laboratory test(s) selected wich I was previously clarified about. I give permission for the blood collection and sample conservation necessary for the purposes of performing the genetics tests by Centro de Medicina Laboratorial Germano de Sousa, or when necessary, by other laboratories. I give permission for my personal data included in this test requisition form, to be used only by the authorized professionals. I give permission to disclose the results to my doctor. I was informed about my rigths of removing the consent by anu time without justification.

◯ **I give consent** ◯ **I do not give consent** **That my blood may be used for research propouses**

PATIENT´S SIGNATURE OR LEGAL REPRESENTATIVE ORDERING CLINICIAN SIGNATURE CONTACTO TO SEND THE RESULTS