

All India Institute of Medical Sciences, Jodhpur

Department of Biochemistry

PRE-NATAL SCREENING REQUISITION FORM

*Compulsory/Must details

*SCREENING TYPE	<input type="checkbox"/> FIRST TRIMESTER 11W+2D – 13W+6D (DUAL MARKER)	<input type="checkbox"/> SECOND TRIMESTER 15W+0D – 22W+6D (QUADRUPLE MARKER)
Referring Faculty:		
Sample collection date:		
PATIENT DETAILS:		
CR No:		
Name:		Phone No:
*DOB:		*Weight (kg)
PREGNANCY DETAILS:		
*Obstetric score: G(n)P(TPAL)		
*Para: (>20 wk)	*Gravida:	*No of fetus: Singleton <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Multiple <input type="checkbox"/>
IDDM: Yes <input type="checkbox"/> No <input type="checkbox"/>	Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/>	Rh: Pos <input type="checkbox"/> Neg <input type="checkbox"/>
		H/O Down's: Yes <input type="checkbox"/> No <input type="checkbox"/>
		H/O OSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug history (VPA, SSRI, CBZ, others):		H/O of Autoimmune Disorder:
*LMP (dd / mm/ yy):		
*EDD (calculated):		
*EDD (USG):		
Assisted Conception (if any): {IUI / IVF / ICSI / Others}:		Donor DOB:
Harvest Date:	Fertilization Date:	Transfer Date:
		Days in-vitro:
*ULTRASOUND DETAILS:		
USG Date:		Gestational Age (wk. + d):
CRL (mm):		BPD (mm):
NT (mm):		HC (mm):
Nasal bone: Present <input type="checkbox"/> Absent <input type="checkbox"/>		FL (mm):

***Signature**
 (*Name, Designation, Contact No.)