

12 WEEK SCAN & NIPT QUESTIONNAIRE WITH CONSENT

PATIENT INFORMATION

First Name		Surname	
Date of Birth		TMCK ID	
Name of Doctor to send report to, if any:			

CLINICAL DETAILS

Current weight				Kgs
Current height				cm
Number of prior deliveries, or parity (after 24 weeks)				
Number of preterm deliveries (before 37 weeks)				
First day of last menstrual period (LMP)				
Are you certain?	Yes		No	
Due date?				
Due date based on (please tick ONE)	LMP		Early Ultrasound	
			Other	
Any vaginal bleeding in the last seven days?	Yes		No	

Previous pregnancies affected with any other type of birth defect?	Yes		No	
If yes, please describe				

Any family history of birth defects you are aware of?	Yes		No	
If yes, please describe				

Is this an IVF pregnancy?	Yes		No	
If you are an egg recipient, please supply donor's date of birth				

Do you smoke?	Yes		No	
Do you have hypertension?	Yes		No	
Do you have SLE?	Yes		No	
Do you have antiphospholipid antibodies?	Yes		No	
Do you have diabetes mellitus?	Yes		No	

MEDICATION

List any medication you are currently taking:				
Are you taking any form of Heparin or low molecular weight Heparin?	Yes		No	

PLEASE TURN OVER

Have you taken daily supplements containing Folic Acid during this pregnancy?	Yes		No	
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If yes, when (before pregnancy = 1, after conception = 2)	
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Ethnic origin: Black Caribbean/African = 1, Caucasian = 2, Indian/Pakistani/Bangladesh/Sri-Lankan = 4, Chinese/Japanese/SE Asian = 5, Other = 6	
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PATIENT CHOICE OF TREATMENT

I have chosen the following test (please tick ONE box below):

<input type="checkbox"/>	Combined Screen
<input type="checkbox"/>	MaterniT GENOME test
<input type="checkbox"/>	MaterniT21 PLUS test
<input type="checkbox"/>	MaterniT21 Core
<input type="checkbox"/>	Harmony test
<input type="checkbox"/>	Harmony test with q22deletion
<input type="checkbox"/>	Non-Invasive Prenatal Test <u>without ultrasound scan</u> at TMCK (NOT recommended because of the very high quality of ultrasound at TMCK but it is an option if you had a scan less than 4 days before blood draw AND have provided the report)

PATIENT CONSENT & DECLARATION

I have read the patient information regarding the 12 weeks nuchal scan and I understand it.

I have read the patient information regarding the non-invasive fetal DNA testing and I understand that NIPTs are screening tests and NOT diagnostic tests and therefore do not have the accuracy of a karyotype (done through an amniocentesis or CVs, which carry a small risk of miscarriage).

Signature	
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Print name	
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Date	
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If you are still uncertain or have further questions please let us know.