

Specimen Type: Check appropriate test and fill in requested information (Only one sample per form).

*See screening requirements below **

Serum (2 mL of serum)

- Integrated Screen First Trimester Draw
- Integrated Screen Second Trimester Draw
- Quad Screen: AFP, hCG, uE3, Inhibin
(Drawn in 2nd trimester ONLY)
- NTD Screen: AFP only (if First Trimester Screening or CVS was done)
- First Trimester Screen ONLY

Amniotic Fluid

- AFP

DATE COLLECTED: / /
mm / dd / year

PATIENT: _____ last first

BIRTH DATE: / / SSN #: - -
mm / dd / year

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () - _____ GENDER: Female Male

RACE: White Black Asian American Indian / Alaskan Native
 Native Hawaiian / Pacific Islander Unknown

ETHNICITY: Hispanic Non Hispanic Unknown

PATIENT ID #: _____

CLINICIAN: _____ CLINICIAN ID #: _____
please print last first

PHONE: () - _____ CLINICIAN'S Signature: _____

Required Information

Patient's weight

 lbs kg

Patient is carrying

- Singleton
- Twins

Is patient taking insulin for diabetes?

- Yes
- No

Previous child/pregnancy with Neural Tube Defect

- Yes
- No

Previous child/pregnancy with Down Syndrome

- Yes
- No

Comment: _____

Patient's Last Menstrual Period

Date: / /
mm / dd / year

Ultrasound (sonogram) if performed

Date: / /
mm / dd / year

Crown Rump Length (CRL) (required for Integrated or First Trimester)

 mm cm

Biparietal Diameter (BPD)

 mm cm

Nuchal Translucency (NT)

 mm Date: / /
mm / dd / year

Sonographer Name: _____

Sonographer Certification #: _____

MEDICAID / MEDICARE INFORMATION

Patient's Medicaid/Medicare #: _____

Physician Provider #: _____

Patient's Medicaid/Medicare ICD9 Code: _____

Referring Physician # (Medipass only): _____

If insurance is primary to Medicaid / Medicare

Insured's Name: _____
please print

Insured's ID#: _____

Insurance Company Name: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

*** Screening Requirements**

- Integrated Screen First Trimester
 - Serum sample drawn when CRL is between 32-80 mm
- Integrated Screen Second Trimester
 - Serum sample drawn between 15-20 weeks
- Quad Screen
 - Serum sample drawn between 15-20 weeks
- NTD Screen
 - Serum sample drawn between 15-20 weeks
- First Trimester Screening Only
 - Serum sample drawn when CRL is between 32-80 mm
 - Required NT measured by sonographer certified by FMF, SMFM, MFMF or NTQR

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____



Enter your facility address
Results are returned
to this address

**Iowa Maternal Screening Program
Test Request Form**
Integrated test technology under license from Intema Ltd, UK

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Iowa City, IA 52242-5002
Phone #: 319-335-4500
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