

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

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Request card for combined screening in singleton and twin pregnancies for Down's, Edwards' and Patau's syndromes
Request card for quadruple screening in singleton pregnancies for Down's syndrome only

Patient ID
Clear identification of the woman is required to ensure results are attributed to the correct individual

DOB
Maternal date of birth forms the basis of the Down's syndrome, Edwards'/Patau's syndrome chance calculation

Requester
Required to show consent has been obtained for Down's syndrome, Edwards'/Patau's syndrome screening

Twin measurements
Measurements for both twins and chorionicity are needed for accurate chance calculation for Down's syndrome, Edwards'/Patau's syndrome

Smoking
There are differences in serum concentrations of some biochemical markers in smokers which affect the calculated chance. It is important to inform the laboratory so that an adjustment to the chance calculation can be made

Ethnic Origin
There are slight differences in the serum concentrations of some biochemical markers between ethnic groups. Where there is a known effect this will be taken into account in the Down's syndrome, Edwards'/Patau's syndrome chance calculation. The ethnic origins listed on the card are the ones that the laboratory needs to make a small adjustment for

Date of collection
It is essential to date the sample because the biochemical markers vary with gestational age and for the laboratory to know the age of the sample.

Assisted reproduction
The age of the egg donor or the mother when the egg was harvested will be used in the Down's syndrome, Edwards'/Patau's syndrome chance calculation

Lead Professional/hospital
Clear details of where to send the report are required. For example please state if Royal Glam or Royal Gwent. RG is not sufficient.

Scan measurements
It is important to accurately date the pregnancy because the biochemical markers vary with gestational age. Scan measurements should be supplied correct to 1 decimal place. CRL or HC give the most accurate estimate of gestation

Sonographer code
Required by DQASS

Maternal weight
Maternal weight is proportional to blood volume. This has an effect on the concentration of biochemical markers. An accurate weight measurement (to the nearest kilogram) is needed to adjust for this

Diabetes
History of maternal diabetes and insulin therapy needed for chance calculation of Down's syndrome, Edwards'/Patau's syndrome screening

Patient's ID Number _____
Patient NHS number _____
Surname _____
Forename _____
Address _____
PostCode _____
DoB / /

Hospital and Lead Professional

LAB USE

Requester's Signature: _____ Date: / /

SCAN MEASUREMENTS

SINGLETON/TWIN 1 MEASUREMENTS
CRL _____ mm (45.0mm – 84.0mm)
NT _____ mm
HC _____ mm (88.0mm-147.0mm)

IF TWIN PREGNANCY
Type: Monochorionic/ Dichorionic/ Unknown
TWIN 2 MEASUREMENTS
CRL _____ mm (45.0mm – 84.0mm)
NT _____ mm

DATE OF SCAN / / Sonographer Code _____

MATERNAL WEIGHT _____ Kg (to 1 decimal place)

Please circle any of the following that apply as they will need to be adjusted for in the result

SMOKING YES NO DIABETES INSULIN None Type 1 Type 2 YES NO

MATERNAL ORIGIN - Maternal parents or grandparents
In case of mixed family origins please circle all applicable
Black Oriental
Indian/Pakistan/Bangladesh

ASSISTED REPRODUCTION
IVF Own Egg Date egg harvested _____
IVF Donor Egg Age of egg donor harvest _____

COLLECTION INFORMATION (Sample Type: Serum)
Specimen taken by: _____
Time of Collection: / / Time: _____