NDT -- First Trimester Ultrasound and Blood Request Form

Please complete ALL of the information fields listed below and fax the completed form, as the written order for the Nuchal Translucency Ultrasound and Blood Screening, to Marshfield Clinic Obstetrics/Gynecology Appointment Desk at (715) 387-5993.

1.			
	Patient Last Name:	Patient First Name:	Middle initial
2.		3.	
	Patient Street Address:	City:	State: Zip Code
4.	( )	( )	
	Patient Phone Number:	Patient Fax Number:	Patient Medical History Number:

It is the patient's responsibility to check with their insurance carrier for pre-authorization for this screening.

5.	☐ First Specimen?	☐ Second Specimen?	
6.	Test:	☐ 1st Trimester free Beta/PAPP-A	**CRL 24 - 84 mm (**9w 0d - 13w 6d)

7.	☐ Yes	☐ No	Open spine/skull family history (Type and Relationship):
	☐ Yes	☐ No	Valproic Acid (Depakene) or Carbamazepine (Tegretol) used during this pregnancy?
	☐ Yes	☐ No	Down Syndrome in previous pregnancy?
	☐ Yes	☐ No	Trisomy 18 in previous pregnancy?
	☐ Yes	☐ No	Trisomy 13 in previous pregnancy?
	☐ Yes	☐ No	Other Genetic concerns with pregnancy?
	☐ Yes	☐ No	Will patient be greater than or equal to 35 years old at time of delivery?

If the answer to any of the above questions are "Yes", we suggest setting up a Genetic Consultation at the time of the first prenatal appointment.

9.	Patient's Date of Birth: __ __ / __ __ / __ __ __ __ (m m d d y y y y)	EGG DONOR: Age at collection: _____
11.	**ETHNIC GROUP:**	☐ African American ☐ Native American ☐ Asian ☐ Asian Indian ☐ Caucasian ☐ Hispanic ☐ Other (Specify)_____
16.	☐ Yes	☐ No IDDM at conception?

Provider Information

Practice Name:		
Practice Address:		
City:	State:	Zip Code:
Practice Phone #: ( ) __ __ __ - __ __ __ __	Practice Fax #: ( ) __ __ __ - __ __ __ __	
Provider Full Name:		
UPIN #: _____	NPI #: _____	
Physician's signature: _____		

Results will be faxed and mailed to the provider listed on this form. It is the provider's responsibility to notify the patient of the results.

However, in the event of a Positive Screen, please note that Marshfield Clinic Genetic Counselors and Perinatology Services (including amniocentesis) are available upon request.