Sullivan Nicolaides PATHOLOGY
Quality is in our DNA

Laboratory Number

Questionnaire Risk Screening for Down Syndrome and Neural Tube Defects

Patient details:

Surname

Given names

Date of birth / /

Current weight (Required for accurate results) kgs

☐ **First Trimester Down Syndrome Screening with ultrasound for Nuchal Translucency (NT)**
You should be between 10 weeks and 13 weeks 6 days of gestation. **(If PIGF requested, can collect from 9 weeks)**

Date of NT ultrasound (if known): / /

☐ **Second Trimester Down Syndrome and Neural Tube Defect Screening**
You should be between 15 weeks and 20 weeks of gestation.

Please complete only ONE of the following options to give the best estimate of weeks and days pregnant:

Date of last ultrasound: / /

weeks and days.
(Estimate of weeks and days pregnant on day of ultrasound)

Number of fetuses:
(Single = 1; Twins = 2)

or

Expected date of delivery (EDD): / /

or

Last normal menstrual period (LNMP): / /

or

Clinical examination: weeks on: / /
(Date of examination)

Please answer 'Yes' or 'No' to the following questions:

Have you had a previous pregnancy with a Neural tube defect?	☐ Yes	☐ No
Have you had a previous Down Syndrome pregnancy?	☐ Yes	☐ No
Do you have insulin-dependent diabetes?	☐ Yes	☐ No
Have you undergone amniocentesis in the past month?	☐ Yes	☐ No
Is your pregnancy the result of an IVF procedure?	☐ Yes	☐ No
Are you a smoker?	☐ Yes	☐ No

If you answered 'Yes' to any of the questions above, please give further details: