Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Second Trimester Maternal Screening Alpha-Fetoprotein (AFP) / Quad Screen Patient Information

Patient Information

Name *(Last, First, Middle)*		Birth date *(mm-dd-yyyy)*
Ordering Provider Name *(Last, First)*	Phone	Fax*

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

Reason for Testing

Clinical Information

1. Specimen collection date *(mm-dd-yyyy)*: _____
2. Estimated delivery date *(mm-dd-yyyy)*: _____ by ☐ Ultrasound ☐ Last menstrual period

   Note: Dating method impacts risk calculation and screening performance. Ultrasound dating increases overall screening performance and is required for twin gestations.
3. Weight: _____ lbs or _____ kg

Clinical History

4. Insulin-dependent diabetic: ☐ Yes ☐ No Select Yes if patient was on insulin prior to this pregnancy. Otherwise, select No.
5. Patient race: ☐ Black ☐ Other/Non-black/Mixed
6. Number of fetuses: ☐ 1 ☐ 2 Risk estimate not available for 3 or more fetuses.

   If twins, number of chorions: ☐ Monochorionic ☐ Dichorionic ☐ Unknown
7. In-vitro fertilization: ☐ Yes ☐ No The age of the egg affects the risk calculations.

   If egg donor (other than patient), provide donor birth date *(mm-dd-yyyy)*: _____ or current age: _____

   If frozen egg or embryo is used, provide egg or embryo freeze date *(mm-dd-yyyy)*: _____
8. Has the patient had a previous pregnancy with Down syndrome (trisomy 21) or other trisomy? ☐ Yes ☐ No
9. Has the patient had a previous pregnancy with neural tube defects? ☐ Yes ☐ No
10. Does the patient or father of the baby have a neural tube defect? ☐ Yes ☐ No
11. Is this a repeat screen? ☐ Yes ☐ No If yes and MayoAccess client, indicate “repeat screen” in performing lab notes.
12. Current cigarette smoking status: ☐ Smoker ☐ Nonsmoker

General Risk Assessment Information

- Neural tube defect risk assessment is available from 15 weeks and 0 days to 22 weeks and 6 days; 16–18 is preferred.
- Down syndrome and trisomy 18 risk assessment is available from 14 weeks and 0 days to 22 weeks and 6 days.

Information Required

- By providing all information listed above, the most accurate patient-specific risk can be calculated.
- An uninterpretable report will be generated when the following are not provided: serum collection date, birth date, estimated date of delivery, and weight.

If you have questions, call 800-533-1710 and ask for the Maternal Screening area.

Print