

Filling of the light blue fields is obligatory.	PRENATAL SCREENING on filter paper	FETAL SEX on peripheral blood
To be filled out by CGC		
<b>Analysis No.:</b>	<input type="checkbox"/> <b>Combined 1<sup>st</sup> Trimester</b> NT + NB + PAPP-A + freeβhCG (11w+1d – 13w+6d)	<b>&gt; 8 weeks</b>
<b>Entry Date:</b>	<input type="checkbox"/> <b>2<sup>nd</sup> Trimester</b> AFP + freeβhCG (14 – 22 weeks)	<input type="checkbox"/> <b>Yes</b>
Responsibility:	<input type="checkbox"/> <b>NTD only AFP (14-22 weeks)</b>	<input type="checkbox"/> <b>No</b>

Pregnant Identification (Capital letters)			
Full name			
Address			
Post code: _____	District: _____	Country: _____	
Phone		Mobile phone	
Birth Date: ____/____/____	Age	Weight	
Ethnic Group :			
Other screenings during this gestation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous child with Neural Tube Defects (NTD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant insulin-dependent before pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family history of non-NTD abnormalities	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, is she presently being treated with insulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valproic Acid / anticonvulsants in this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family history of Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of blood in this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous chromosomal studies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician responsible for the Ultrasound		Attendant physician	
Dr.		Dr.	
<b>Ultrasound date</b> ____/____/____		Address (to send out report)	
<input type="checkbox"/> <b>CRL</b> _____ mm <b>NT</b> _____, _____ mm <input type="checkbox"/> <b>Nasal Bone:</b> <input type="checkbox"/> present <input type="checkbox"/> absent <input type="checkbox"/> not evaluated <input type="checkbox"/> <b>GA (ultrasound):</b> _____ weeks _____ days <input type="checkbox"/> <b>No. of fetus:</b> _____ Chorionicity _____		Phone	
		Mobile	
		Fax	
<b>Collection date</b> ____/____/____		e-mail	
LMP ____/____/____		Collected at	
Ecographic age (at time of collection): _____ weeks _____ days		Signature	
Chronological age (at time of collection) : _____ weeks _____ days		Trisomy 18 screening <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Informed Consent:**

It is my wish to take the tests described above. I have been fully informed and I give my consent. I authorize the report to be sent to my physician and my sample to be use for investigational purposes.

<b>Signature</b>
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# PRENATAL SCREENING

## Instructions for collecting blood samples in filter paper

1. Inform the pregnant woman about the screening tests and offer written information.
2. Obtain a signed informed consent.
3. Fill out the forms with legible handwriting
4. Collect the blood sample (ring finger or middle finger).
5. Massage softly the whole finger. Warming the finger will cause vasodilatation.
6. Select the finger top as pricked area. Clean it with ethanol and dry using sterilized gauze.
7. Prick using a sterile bistoury (supplied by CGC Centro de Genética Clínica)
8. Place the finger down to increase blood flow. Allow the second blood drop to form.
9. It is not necessary to squeeze the finger.
10. Put the tip of the finger in contact with the paper circle and let one blood drop out. The blood should cover at least 75% of **both** sides on each of the five circles. You should apply one drop of blood per circle/ **ONE** drop only.
11. Let the blood dry at room temperature (at least 60 minutes) on a horizontal position. Keep samples away from direct sun light or heat. Do not overlap filter papers while the blood is drying.
12. When the blood is dried, place the filter paper on the proper wrapper, and then in the envelope together with the filled form (provided by CGC Centro de Genética Clínica)
13. Keep the samples in a dry cool place while waiting for transportation.
14. Samples can be sent everyday.

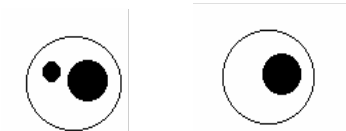
**The amount of blood in each circle is essential to the screening test**

### Accepted samples



- a) At least 75% of the circle is filled evenly
- b) One drop of blood in each circle.
- c) Homogeneous distribution in both sides of the circle
- d) Completely dried sample (60 minutes)

### Rejected samples



**Please Note: The screening test cannot be performed if the sample amount is not sufficient.**

### Important:

- Do not apply more than one drop of blood in each circle;
- When more blood is required, please prick another finger;
- If necessary, use a second paper filter card;
- Do not apply blood in both sides of the paper;
- Do not use capillary tubes;
- Do not touch the paper circles before or after applying the blood;
- A correct drying of the blood (at least 1 hour) is essential for the accuracy of the results.

Note: Non-used cards should be kept in a cool dry place.