



IWK Health Centre

# Maternal serum testing

## SECOND Trimester

### Patient Information

LAST NAME (PREVIOUS)

FIRST NAME & MIDDLE INITIAL

PHONE DATE OF BIRTH

Health Card #. If none, type and Military #, RCMP# or Self Pay

MAILING ADDRESS

CITY/TOWN, PROVINCE, POSTAL CODE

#### For Completion by Collection Site

DATE AND TIME OF COLLECTION COLLECTOR'S INITIALS

COLLECTION CENTRE & PHONE #  
Collect 5 mL SST tube, centrifuge, and transport to the IWK lab within 96 hours @ 4°C.

Prenatal testing proceeds with informed consent of the patient

#### Ordering Provider:

NAME PRACTITIONER # (if Nova Scotia)

ADDRESS PHONE

SIGNATURE FAX

#### Copy Results to:

NAME PHONE

ADDRESS FAX

Each blood sample must be accompanied by this completed requisition.

### Patient Instructions

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DATES - Specimen to be collected between: 15-20<sup>+6</sup> weeks (best at 15<sup>+2</sup>- 16 weeks)

All clinical information below is required for accurate risk assessment.

#### Testing Done

- Tests already performed in this pregnancy:
  - Non-Invasive Prenatal Testing (NIPT)?  NO  YES
  - Nuchal translucency (NT) done/planned?  NO  YESIf yes, date (YYYY MMM DD) and location

Dating Information Please attach dating ultrasound report or provide data.

- Ultrasound (preferred: 7-13+6 wks GA)

Date of ultrasound: \_\_\_\_\_  
YYYY MMM DD

Gestational age (GA) by ultrasound \_\_\_\_\_ weeks \_\_\_\_\_ daysCrown rump length (CRL): \_\_\_\_\_ mm BPD: \_\_\_\_\_ mmNuchal Translucency (NT) if done: \_\_\_\_\_ mm

- LMP \_\_\_\_\_  SURE  UNSURE  
YYYY MMM DD
- EDD: \_\_\_\_\_  By U/S  By LMP  
YYYY MMM DD

#### Pregnancy Details

- Patient's weight near time of blood-draw: \_\_\_\_\_ lbs  
or \_\_\_\_\_ kg
- Patient's racial origin:
  - Caucasian  First Nations  Black
  - East Asian (e.g. Chinese, Japanese, Filipino, Vietnamese, Korean)
  - South Asian (e.g. Indian, Pakistani, Sri Lankan)
  - Other/mixed race (specify)

- Singleton pregnancy?  NO  YES  
If no, specify  Twins  Other
- Insulin dependent diabetic prior to pregnancy?  NO  YES
- Previous pregnancies with chromosome anomalies?
  - None  Trisomy 21  Trisomy 18  OTHER
- Pregnancy conceived by In Vitro Fertilization (IVF; Not IUI)?
  - NO  YES

If yes, provide details on reverse including, as applicable: egg source (own, donor, date); embryo (fresh, frozen, date)

# SHIPPING INSTRUCTIONS

*Specimen:*

*5 mL SST serum (separate and store at 4° C)*

*Transport:*

- *May be sent on ice, on an ice pack or frozen on dry ice.*
- *Timeliness of testing and reporting are critical. **Do not delay shipping.***
- *Ship directly to IWK with this completed requisition.*

*(If included with a NSHA specimen shipment, be sure to place this specimen in a separate container addressed to the IWK Laboratory.)*

*Address:*

***Department of Pathology and Laboratory Medicine  
IWK Health Centre  
5850 University Avenue  
Halifax, Nova Scotia B3H 1V7***

Additional Labels:

***Additional Information:***

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