Magee-Womens Hospital
of the University of Pittsburgh Medical Center

Pregnancy Screening Laboratory
300 Halket Street
Pittsburgh, PA 15213-3180
(412) 641-4878
(412) 641-4057
(412) 641-8730 (Fax)

FIRST TRIMESTER SCREENING REQUISITION

INCOMPLETE INFORMATION MAY RESULT IN DELAYED OR INACCURATE INTERPRETATION OF RESULTS. PLEASE PROVIDE *ALL* INFORMATION REQUESTED.

PATIENT INFORMATION (Please print)

LAST NAME ____________________ FIRST NAME ____________________

ADDRESS ____

CITY ____________________ STATE __________ ZIP CODE __________

DATE OF BIRTH _____ / _____ / ________ SOCIAL SECURITY NUMBER _______ / ______ / ___________

RACE ________________ WEIGHT (Pounds) __________

PREGNANCY/SPECIMEN INFORMATION

Specimen Date _____ / _____ / ________ Date of LMP _____ / _____ / ________

Ultrasound Date _____ / _____ / ________ Sonographer Name: ____________________

Twin Pregnancy? ☐ Yes ☐ No If Twins: ☐ Monochorionic ☐ Dichorionic ☐ Uncertain

Baby A

CRL: ______ (mm) = _______ (wk/day)

NT: ______ (mm)

If Twins, Baby B

CRL: ______ (mm) = _______ (wk/day)

NT: ______ (mm)

OB complications? ____________________ Major maternal diseases? ____________________

Is the patient diabetic? ☐ Yes ☐ No If yes, method of control? ☐ Insulin ☐ Diet ☐ Oral Meds __________

Assisted Reproduction? ☐ Yes ☐ No If donor egg, age of donor _____ yrs.
If frozen embryo, age at collection _____ yrs.

FAMILY HISTORY (If yes, what is the relationship to the patient?)

Spina Bifida/Anencephaly ☐ Yes ☐ No ________________________________

Down syndrome ☐ Yes ☐ No ________________________________

Other Birth Defects - ☐ Yes ☐ No (If Yes, Describe) ________________________________

REFERRING PHYSICIAN INFORMATION

(Please include a physician signature and diagnosis code if a script will not be accompanying the patient)

REFERRING PHYSICIAN (Print) ____________________ PHONE ____________ FAX ____________

(Signature) ____________________ DIAGNOSIS CODE __________

OFFICE ADDRESS ____

CITY ____________________ STATE __________ ZIP CODE __________