



Fairview Diagnostic Laboratories

Client Services 612-273-7838
Send out receiving fax # 612-273-3203

- Prenatal Quad Screen Testing MQMK**
Inc. Alpha-Fetoprotein, βhCG, Estriol Inhibin
- Prenatal Triple Screen Testing MTMK**
Inc: Alpha-Fetoprotein, βhCG, Estriol
- Alpha Fetoprotein, Maternal Serum AFPM**

COLLECTION DATE:	TIME COLLECTED:	COLLECTED BY:
<input type="checkbox"/> MATERNAL SERUM	<input type="checkbox"/> AMNIOTIC FLUID	
PHYSICIAN	UPIN / NPI	

CLINIC		
STREET		
CITY, STATE, ZIP	PHONE	
Location / Client code:		
LAST NAME	FIRST NAME	MI
I.D. NUMBER	BIRTHDATE/AGE	SEX
ADDRESS		
CITY-STATE-ZIP		
COMPLETE BILLING INFO MUST BE PROVIDED OR THE CLINIC WILL BE BILLED.		
<input type="checkbox"/> Bill Insurance	<input type="checkbox"/> Bill Clinic	<input type="checkbox"/> Bill Patient

IMPORTANT: PATIENT INFORMATION (PLEASE COMPLETE ALL QUESTIONS)

DETBY1 Due date determined by? ; LMP ; Ultrasound	PRACE1 ; Caucasian ; Black ; Hispanic
DIAB1 Diabetic? Yes No	; Unknown ; Other _____
DRNM1 Physician's Name ; _____	PTDD1 Due Date ; ____ / ____ / ____
FHNTD1 Family Hist of neural tube defect. Yes No	PTDOB1 Maternal Date of Birth ; ____ / ____ / ____
GACOM1 HIDE is entered already	PTWT1 Maternal Weight _____ lbs (enter number)
LMP1 Last Menstrual Period ; ____ / ____ / ____	TWIN1 Previous Multiple Gest. Yes No

MQMK Only:
 Has the patient taken Valproic Acid or Carbamazepine during this pregnancy? Yes No Unknown
 Is this an in-vitro fertilization? Yes No Unknown

CLINICAL HISTORY AND INDICATION FOR STUDY:

- Family history of neural tube defect
- Previous Down syndrome or other chromosomal abnormality (e.g. Trisomy 18, Trisomy 13)
- Previous abnormal AFP value
- Advanced maternal age
- Routine screening
- Other _____

LABORATORY: Prenatal test code is MTMK or MQMK. Order tests individually for non-prenatal testing.

History or comments:

FOR RECEIVING USE ONLY	INITIALS	Patient ID	Accession No.	Requisition No.
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