

Prenatal Genetic Screening Laboratory Requisition

Prenatal Biochemistry Laboratory

Please visit www.bcprenatalscreening.ca for additional copies of the requisition and other resources.

Patient Information

SURNAME _____

FIRST NAME & MIDDLE INITIAL _____

PERSONAL HEALTH NUMBER/CARECARD _____

DATE OF BIRTH: ____ YY ____ MM ____ DD

For Completion by Collection Laboratory

DATE AND TIME OF COLLECTION _____

COLLECTION CENTRE/FACILITY CODE _____

COLLECTOR'S INITIALS _____

Collect 5 mL SST tube, centrifuge, transport to the C&W lab with 96 hours @ 4°C.
For alternate instructions contact lab.

FOR COMPLETION BY C&W LABORATORY

Screen Requested (Choose One Only)

SCREEN	TIMING
<input type="checkbox"/> Part 1	9 – 13 ⁺⁶ wks
<input type="checkbox"/> Part 2	14 – 20 ⁺⁶ wks
<input type="checkbox"/> Quad Screen	14 – 20 ⁺⁶ wks
<input type="checkbox"/> Maternal Serum AFP Only <i>See Prenatal Genetic Screening Guideline for indications for ordering</i>	15 – 20 ⁺⁶ wks

Ordering Doctor / Midwife / Nurse Practitioner

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

SIGNATURE _____ DATE _____

Copy Results to

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

Each blood sample must be accompanied by this completed requisition. Blood can be collected at any blood collection facility (e.g. LifeLabs, hospital outpatient labs). No appointment is necessary.

Patient Instructions

SIPS PART 1 (9 – 13⁺⁶ wks): Provide date range for blood to be drawn (best at 10 – 11⁺⁶ wks)

SIPS PART 2 / QUAD (14 – 20⁺⁶ wks): Provide date range for blood to be drawn (best at 15 – 16 wks)

All clinical information below is required for most accurate risk assessment

Testing Done

- 1 Tests already performed in this pregnancy:
- a. Amniocentesis or Chorionic Villus Sampling (CVS)? NO YES
 - b. Non-Invasive Prenatal Testing (NIPT)? NO YES
 - c. Nuchal translucency (NT) ultrasound done / planned? NO YES
- If yes, date ____ YY ____ MM ____ DD and location _____ of NT U/S

Dating Information (Please attach all available ultrasound reports)

- 2 Ultrasound (first trimester dating ultrasound preferred, e.g. 7 – 14 wks GA)
- Date of ultrasound: ____ YY ____ MM ____ DD
- Gestational age (GA) by ultrasound: ____ weeks ____ days
- Crown rump length (CRL): ____ mm
- 3 LMP: ____ YY ____ MM ____ DD SURE UNSURE
- Cycle length: ____ days Cycle is REGULAR IRREGULAR
- 4 EDD: ____ YY ____ MM ____ DD by U/S by LMP

Pregnancy Details

- 5 Pregnancy conceived by In Vitro Fertilization (IVF)? (Not IUI) NO YES
- a. Egg: Own Donor Birth date of egg donor: ____ YY ____ MM ____ DD
- b. Embryo: Fresh Frozen Date of freezing: ____ YY ____ MM ____ DD
- 6 Twin pregnancy? NO YES If yes, Monochorionic Dichorionic

Patient Details

- 7 Patient's weight near time of blood-draw: ____ lbs or ____ kg
- 8 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) _____
- 9 Diabetes mellitus: Type 1 or 2? (NOT gestational) NO YES
- 10 Smoking cigarettes at any time during this pregnancy? NO YES
- 11 Steroid medication(s) in this pregnancy? (NOT inhalers) NO YES
- 12 Previous pregnancy with chromosome abnormality:
- None Down syndrome Trisomy 18 Trisomy 13

The BC Prenatal Genetic Screening Program (PGSP) is part of Perinatal Services BC, an agency within the Provincial Health Services Authority (PHSA). The PGSP operates across several facilities in the province. While analysis of the initial blood tests takes place at the laboratory at the Children's and Women's Health Centre of BC, further diagnostic testing, if required, takes place at other facilities in BC. Regardless of the point of collection, prenatal genetic screening information is provided to the PGSP and is used to provide safer, more accurate tests, measure outcomes, and evaluate and disseminate new evidence/knowledge. The PGSP collects, uses and discloses personal information only as authorized under section 26 (c), 33 and 35 of the BC Freedom of Information and Protection of Privacy Act, other legislation and PHSA's Privacy and Confidentiality Policy. Should you have any questions regarding the collection, use or disclosure of your personal information, please contact the Privacy Advisor for Perinatal Services BC at (604) 877-2121.