

Biomnis

Test request form

Estimated risk of fœtal trisomy 21 by analysis of maternal serum markers - 1st and 2nd trimester

PRACTITIONER	
Surname : First name:	
	Reserved for the
Address: Post code: City: Country: Country: Stamp	bar-code sti
Tel.: Fax:	
SONOGRAPHER	
CONCORD II FILM	DECLARATION OF CO
Surname: First name:	AND INFORMED
Adress:	Information, request and mother for testing based
Post code: City:	of maternal serum marker
Tel.: Fax:	
PATIENT	I, the undersigned
Surname : First name:	attest that I have been ful doctor:
Address:	during a medical consultation
Tel.:	points:
Date of birth:	I have received informa the risk that the unborn
DATA REQUIRED FOR THE TRISOMY 21 RISK CALCULATION	from a serious condition 21 (or Down's syndrome
Date of ultrasound:	2. I have received information
Nuchal Translucency:, mm Crown Rump Length:, mm	offered which involves a maternal serum marker
(must be between 45 and 84 mm)	 a risk calculation is permainly takes the 1st trib
Date of conception as indicated on the ultrasound: (at 40.3 weeks of amenorrhoea)	ultrasound results into a these results are availa
Last menstrual period:	ultrasound measureme as reliable;
Number of fœtuses ☐ If there is a twin pregnancy (only if the 2 fœtuses are ≥ 14.0	the result is presented in that the unborn child is
weeks of amenorrhoea)	condition. This risk asso
□ monochorionic □ bichorionic NT (T2) □ ,□ mm CRL(T2): □ ,□ mm	diagnosis of this conditi the result of the risk cal
Patient information and details used in the risk calculation: • Patient's weight └── └── kg	given and explained to or a practitioner experie screening, notably triso
• Smoker (given up for at least 2 weeks-no)? ☐ Yes ☐ No	- If the risk is low, this doe
• Insulin Dependent Diabetes?	the possibility that the foet from the condition;
• Previous trisomy 21 pregnancy (free and homogenous)? ☐ Yes ☐ No	 if the risk is high, the coll of amniotic fluid, chorionic
Origin Europe/North Africa	will be recommended. Only foetal karyotype can confir
☐ Sub-Saharan Africa and West Indies	this condition. The risks, co
	possible consequences of sample collection will be e.
Comments:	Consent to blood sam
☐ Vanishing twin (fœtal loss at weeks of amenorrhoea) ☐ Chronic renal failure	quantification of serum ma
Ovum Donation - Age of the donor years	The quantification of serum n performed in a medical patho
Others:	authorised to perform these t
	medical file.
PRESCRIPTION	A copy of this document will I the practitioner performing th
1st trimester: combined risk assay (PAPP-A + free βhCG + NT)	public health centre or the me laboratory where the practition
Sample between and and and	tests will store the document conditions as those for the re
□Triple test (hCG + AFP + uE3 + NT)	
2nd trimester: maternal serum markers without Nuchal Translucency	Date :
□ Triple test (hCGβ + AFP + uE3)	Practitioner's sig
Sample between and and	
LABORATORY	
Sample collection date:	Patient's signa

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of the following

- tion in regards to child suffering , notably trisomy
- tion on the test analysis of
- erformed which imester prenatal account as long as ble and the ents are considered
- in terms of the risk suffering from the essment on its clude the
- culation will be me by my doctor enced in prenatal omy 21:
- s not fully exclude tus is not suffering
- ection of a sample villi or foetal blood ly the result of a m the presence of onstraints and each technique of xplained to me.

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SECTION TO BE KEPT BY THE PRACTITIONER

DECLARATION OF CONSULTATION AND INFORMED CONSENT

Information, request and consent of the mother for testing based on the analysis of maternal serum markers. I, the undersigned, hattest that I have been informed by doctor: during a medical consultation of the following points: 1. I have received information in regards to the risk that the unborn child suffering from a serious condition, notably trisomy 21 (or Down's syndrome); 2. I have received information on the test offered which involves analysis of maternal serum markers: a risk calculation is performed which mainly takes the 1st trimester prenatal ultrasound results into account as long as these results are available and the ultrasound measurements are considered as reliable; the result is presented in terms of the risk that the unborn child is suffering from the condition. This risk assessment on its own cannot make or exclude the diagnosis of this condition; the result of the risk calculation will be given and explained to me by my doctor or a practitioner experienced in prenatal screening, notably trisomy 21: - If the risk is low, this does not fully exclude the possibility that the foetus is not suffering from the condition; - If the risk is high, the collection of a sample of amniotic fluid, chorionic villi or foetal blood will be recommended. Only the result of a foetal karyotype can confirm the presence of this condition. The risks, constraints and possible consequences of each technique of sample collection will be explained to me. Consent to blood sampling and the quantification of serum markers. The quantification of serum markers will be performed in a medical pathology laboratory authorised to perform these tests. The original copy of this document is kept in my medical file. A copy of this document will be given to me and the practitioner performing these tests. The public health centre or the medical pathology laboratory where the practitioner performs these tests will store the document under the same conditions as those for the result. Date: **Doctor's signature** Patient's signature SECTION TO BE KEPT BY THE PATIENT **DECLARATION OF CONSULTATION AND INFORMED CONSENT** Information, request and consent of the mother for testing based on the analysis of maternal serum markers. during a medical consultation of the following points: 1. I have received information in regards to the risk that the unborn child suffering from a serious condition, notably trisomy 21 (or Down's syndrome); 2. I have received information on the test offered which involves analysis of maternal serum markers: a risk calculation is performed which mainly takes the 1st trimester prenatal ultrasound results into account as long as these results are available and the ultrasound measurements are considered as reliable; the result is presented in terms of the risk that the unborn child is suffering from the condition. This risk assessment on its own cannot make or exclude the diagnosis of this condition; the result of the risk calculation will be given and explained to me by my doctor or a practitioner experienced in prenatal screening, notably trisomy 21: - If the risk is low, this does not fully exclude the possibility that the foetus is not suffering from the condition; - If the risk is high, the collection of a sample of amniotic fluid, chorionic villi or foetal blood will be recommended. Only the result of a foetal karyotype can confirm the presence of this condition. The risks, constraints and possible consequences of each technique of sample collection will be explained to me. Consent to blood sampling and the quantification of serum markers. The quantification of serum markers will be performed in a medical pathology laboratory authorised to perform these tests. The original copy of this document is kept in my medical file. A copy of this document will be given to me and the practitioner performing these tests. The public health centre or the medical pathology laboratory where the practitioner performs these tests will store the document under the same conditions as those for the result. **Doctor's signature** Patient's signature Date:

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