

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
Serum Integrated Prenatal Screen (SIPS)	
<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

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.

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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