



FINT1 Full Integrated Screen Part One

Testing performed between 10 weeks, 3 days to 13 weeks, 6 days

*** Requires a nuchal translucency measurement from a sonographer certified through either FMF or NTQR**

- Part 1 of a two-part draw screening for open neural tube defect (ONTD), Trisomy 21 (Down syndrome), and Trisomy 18 (Edward's syndrome)
- No risk assessment provided until the second draw

Patient Name: _____ Date of Birth: ____/____/____

1. Physician Phone Number (_____) _____ - _____
2. Notes to Laboratory: _____
3. Weight: _____ lbs.
4. Race: White Black Hispanic Other
5. Insulin Dependent Diabetic? Yes No (Select Yes if patient was on insulin **prior** to this pregnancy; otherwise, select No)
6. Does the patient currently smoke cigarettes? Yes No
7. Has the patient had a previous pregnancy/child with a Neural Tube Defect? Yes No • If yes, when? _____
8. Has the patient had a previous pregnancy/child with Down syndrome? Yes No • If yes, at what age? _____
9. Is this an IVF pregnancy? Yes No (The age of the egg affects the risk calculations.)
If egg donor (other than patient), provide donor birth date _____ or current age _____
10. Date of Ultrasound ____/____/____
11. CRL (mm) _____
12. NT (mm) _____
13. Name or Certification # of Sonographer _____
14. N.B. Yes No Unable to report
15. Is this a repeat screen for the **current** pregnancy? Yes No
- If Twins:**
16. CRL Twin B (mm) _____
17. NT Twin B (mm) _____
18. Monochorionic Dichorionic
19. N.B. Twin B Yes No Unable to report