

Manitoba Maternal Serum Screen

Cadham Provincial Laboratory

Return Report To	Patient Information
Ordering Practitioner: _____ Last Name _____ First Name _____	Name: _____ Last _____ First _____
Telephone: () _____ Secure Fax: () _____	Address: _____ _____
Facility Address: _____	Postal Code: _____ DOB: _____ yyyy/mmm/dd
Second Practitioner: _____	PHIN: _____ MHSC: _____
Facility: _____ Secure Fax: () _____	Alternative ID: _____ Clinic Chart # _____

This is a voluntary test. The screening program assumes a negative family history for genetic disorders. Any family history concerns should be directed to the WRHA Clinical Genetics Program at (204) 787-8791. If you require information regarding specimen collection call Cadham Provincial Laboratory at (204) 945-8259.

Complete and accurate information is essential for valid interpretation
All areas of the requisition must be completed (please print clearly)

Practitioner to Schedule Collection:	
Have 2nd trimester specimen drawn after: _____ yyyy/mmm/dd (Blood specimen can be drawn between 15+0 weeks and 20+6 weeks) NTD – screen only from 21+0 weeks to 23+6 weeks. Ideal time for blood draw is approximately 16 weeks gestation.	
Clinical Information	
Patient's most recent weight: _____ <input type="checkbox"/> lbs _____ <input type="checkbox"/> kg Gravida: _____ Para: _____	
Dating ultrasound (U/S) on: _____ to estimate gestation CRL _____ mm BPD _____ mm _____ Crown Rump Length Biparietal Diameter weeks/days Gestational age on U/S date	
Please fax ultrasound report to (204) 948-1258	
Last Menstrual Period: _____ yyyy/mmm/dd By examination: weeks: _____ days: _____ on _____ to estimate gestation yyyy/mmm/dd	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> First Nations <input type="checkbox"/> East Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Filipina <input type="checkbox"/> Black <input type="checkbox"/> Other: _____ (e.g. Chinese) (e.g. Pakistani, East Indian)	
Does patient have pre-existing diabetes mellitus? <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: NOT gestational diabetes)	
Is this a multiple gestation pregnancy (e.g. twins)? <input type="checkbox"/> No <input type="checkbox"/> Twin <input type="checkbox"/> Other: _____	
Previous amniocentesis or CVS in this pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the patient smoke tobacco in this pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes If egg donor IVF, provide donor's date of birth: _____ IVF pregnancy _____ and harvest date: _____ (if egg or embryo was frozen)	
Nuchal Translucency (NT) ultrasound. If performed, fax NT report to Cadham Provincial Laboratory: (204) 948-1258	
Date: _____ yyyy/mmm/dd CRL _____ mm NT _____ mm Operator: _____ Facility: _____	
FOR COLLECTION CENTRE USE:	
Collect 9-10 mL in a SST (serum separator tube) Label Primary Tube with Patient Name and PHIN or a unique health ID issued by other authorities Centrifuge and forward primary tube Do not aliquot Do not freeze. Store at 4°C Transport to CPL within 96 hours	Specimen date: _____ yyyy/mmm/dd
	Collection Centre: _____ Initials: _____
	Send to: Cadham Provincial Laboratory P.O. Box 8450 750 William Avenue Winnipeg, MB, R3C 3Y1 www.gov.mb.ca/health/publichealth/cpl