



PRENATAL PROFILE
UVA Prenatal Diagnosis Genetic Counseling (434) 924-2500

PATIENT NAME (LAST, FIRST, MI) - PLEASE PRINT LAST FIRST MIDDLE SEX M F
PATIENT HISTORY # DOB PHYSICIAN NAME (LAST, FIRST) PHONE/PIC #
PHYSICIAN SIGNATURE
PATIENT LOCATION DATE & TIME OF COLLECTION

Every effort has been made to provide this proof error free. However, since mistakes do occur, we ask that you carefully check its contents for spelling, punctuation & arrangement. Final approval becomes your responsibility when signing off... Thank You
Approved WITHOUT changes
Approved WITH changes as marked on the proof.
Signed

CHECK APPROPRIATE BOX FOR BILLING
INSURANCE BILLING: COMPLETE SECTION 1-6 BELOW GRANT ACCOUNT
PATIENT BILLING (SELF PAY): COMPLETE SECTION 1-2 BELOW WHOLESALE/ACCOUNT

1. PATIENT ADDRESS (STREET OR PO BOX) CITY/STATE ZIP CODE
2. PATIENT PHONE # PATIENT SOCIAL SECURITY # PATIENT MARITAL STATUS RACE
GUARANTOR NAME (LEAVE BLANK IF PATIENT IS GUARANTOR) GUARANTOR PHONE # RELATIONSHIP TO PATIENT
GUARANTOR ADDRESS (STREET OR PO BOX) CITY/STATE ZIP CODE
3. MEDICARE: PRIMARY/SECONDARY MEDICARE # & LETTER 4. MEDICAID # STATE EFFECTIVE DATE
5. OTHER INSURER COMPANY NAME ADDRESS PHONE #
EFFECTIVE DATE SUBSCRIBER NAME POLICY # GROUP #

CHECK APPROPRIATE BOX FOR TEST ORDER:

ICD-9 SERUM

PRENATAL PROFILE: (1) Appropriate for most patients.

PRENATAL PROFILE, order each test separately below (TRIPLE) (QUADRA)
AFP HCG ESTRIOL INHIBIN-A
AFP ONLY
AFP (AFPM)
AMNIOTIC FLUID
AFP (FAFP)

- AFP ONLY: (1) For samples from patients who have had normal chromosome results from CVS or early Amnio with this pregnancy.
(2) For patients whose 1st sample was "screen positive" for neural tube defect risks.
(3) For patients who have had 1st trimester nuchal translucency and or serum screening.

CLINICAL INFORMATION: (Must be completed)

HAS A PREVIOUS MATERNAL SERUM AFP OR PRENATAL PROFILE BEEN PERFORMED IN THIS PREGNANCY AT UVA? NO YES
DOES PATIENT HAVE INSULIN DEPENDENT DIABETES? NO YES
WEIGHT (LBS) IS THIS A MULTIPLE PREGNANCY? NO YES #
FAMILY HISTORY OF SPINA BIFIDA, ANENCEPHALY OR ENCEPHALOCELE NO YES
IF "YES", DESCRIBE:
HAS PATIENT TAKEN ANTICONVULSANT MEDICATION (VALPROTE, VALPROIC ACID, DEPAKOTE, DEPAKENE) OR CARBAMAZEPINE (TEGRETOL) DURING THIS PREGNANCY? NO YES
HAS PATIENT HAD VAGINAL SPOTTING OR BLEEDING DURING THIS PREGNANCY? NO YES
HAS PATIENT HAD CVS OR EARLY AMNIOCENTESIS WITH THIS PREGNANCY? NO YES

REASON FOR AMNIO: ELEVATED SERUM AFP HISTORY OR NEURAL TUBE DEFECT
MATERNAL AGE HISTORY OF CHROMOSOME ABNORMALITY OTHER
ABNORMAL ULTRASOUND SCREEN POSITIVE FOR DOWN SYNDROME

INDICATE YOUR BEST ESTIMATE OF THIS PATIENT'S GESTATIONAL AGE, THE COMPUTER WILL CALCULATE THE GESTATIONAL AGE AT DATE OF SAMPLE FROM THE INFORMATION GIVEN:

CHECK ONE BOX:
BY HER LMP WHICH WAS (GIVE LMP DATE).
BY AN ULTRASOUND (US) ON (GIVE DATE OF US) INDICATED WEEKS DAYS AT US DATE.
BY PHYSICAL EXAM ON (GIVE DATE OF EXAM), INDICATING WEEKS. PHYSICAL EXAM ALONE IS GENERALLY CONSIDERED TO BE LESS ACCURATE THAN DATING BY KNOWN LMP OR BY US.

NOTE: IF YOU CHECK NO BOXES OR MORE THAN 1 BOX, US DATING WILL BE CHOSEN OVER LMP, AND LMP OVER PE.