



CHUGHTAIS LAHORE LAB

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DOWN'S SYNDROME & NEURAL TUBE DEFECT SCREENING

Patient's Name _____

Phone # _____

Ethnic Origin _____

Date of Birth _____

CLINICAL DETAIL

First Day of LMP _____ Gestational Weeks _____

Maternal Weight (KGS) _____

Previous Pregnancies With DOWN's _____
(Mention None or One or Two or More than Two)

Previous Pregnancies With NTD's _____
(Mention None or One or Two or More than Two)

ULTRA SOUND SCAN

Gestational Weeks (By Scan) _____ (+ Days) _____

Scan Performed On _____

Number Of Fetus _____

Comment / Special Instruction _____

Date Of Blood Sample Taken _____

Referring Dr. _____