## Rex Laboratory Outreach AFP-Maternal (4 marker screen)

## Mayo test # 81149

The following patient information must be provided in order for Mayo Clinic Laboratory to provide interpretation of test results.

Patient's Name:	
Maternal Birth Date: Collection Date:	(mm/dd/yy)
Maternal Weight:(kg. or lbs.) Race:	
Is Patient an Insulin Dependent Diabetic? Twin pregnancy (multiple fetuses require U/S- determined gestation. Note: Clinical interpretation is not possible if 3 or more fetuses are present.)	Y or N Y or N
IVF pregnancy Is this a repeat analysis?	Y or N Y or N
<b>Gestational Age Calculation:</b> (15-22 wks only, 16-18 preferred) Only one form of gestational dating can be used in risk calculation. Please form of dating (A, B, or C) that most accurately represents the patient's gespecified, U/S dating will be preferentially used over LMP, and LMP over	estation. If not
• A. Ultrasound (U/S) Gestation ON DATE of U/S Date of U/S	(mm/dd/yy)
• <b>B.</b> LMP $\underline{\hspace{1cm}}$ (mm/dd/yy) EDD (determined by LMP)	(mm/dd/yy)
• C. Physical Exam (PE) Gestation ON DATE of PE Date of PE	(mm/dd/yy)

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