



ALBERTA PRECISION LABORATORIES

Leaders in Laboratory Medicine

1. Please fill in the following information

Ordering Physician's Name Last Name / Full First Name 5 Digit Client #: Phone: (____) ____ - ____ Fax: Copy to:	FIRST TRIMESTER COMBINED SCREEN (FTS) BLOOD WORK		
	SEE PAGE 2 FOR ADDITIONAL INFORMATION		
	PROVINCE	PERSONAL HEALTH NUMBER (PHN)	DATE OF BIRTH
		_____ - _____	Y Y Y Y / M M M / D D
	PATIENT LAST NAME	FULL FIRST NAME	MIDDLE NAME
	PATIENT ADDRESS		CITY, PROVINCE POSTAL CODE
	PATIENT PHONE NUMBER		
	(____) ____ - ____ (day) (____) ____ - ____ (cell)		

2. Book your ultrasound at EFW Radiology (ultrasounds from other sites cannot be used for this screening test) – do this before your blood work

FTS Ultrasound Date / Time	Location

3. Blood Test – PLEASE FILL IN ALL OF THE INFORMATION BELOW

Date of last menstrual period:	Current weight: <input type="checkbox"/> kg <input type="checkbox"/> lb Height:
What is your ethnic background: <input type="checkbox"/> Caucasian (<i>European, Middle Eastern, North African, Hispanic</i>) <input type="checkbox"/> Black <input type="checkbox"/> South Asian (<i>Indian, Pakistani, Bangladeshi</i>) <input type="checkbox"/> East Asia (<i>Chinese, Korean, Japanese</i>) <input type="checkbox"/> First Nations <input type="checkbox"/> Other (<i>specify</i>)	Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Stopped If yes, please indicate type: (<i>ie. cigarettes, vape</i>) _____ Do you have Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational Diabetes If yes – check your current treatment: <input type="checkbox"/> Managed by diet only <input type="checkbox"/> Metformin <input type="checkbox"/> Metformin & Insulin <input type="checkbox"/> Insulin
Pregnancy History What number pregnancy is this for you: _____ How many deliveries have you had <u>after</u> 20 weeks: _____	Did you become pregnant using Assisted Reproductive Technology (IVF)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate type IVF IUI ICSI Was the fertilized egg: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen - age of mother at time of egg retrieval _____ <input type="checkbox"/> Donor- age of donor at time of retrieval _____ Was ovulation induction used for this pregnancy (i.e. clomid or fertility drugs)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a pregnancy or baby with a diagnosis of abnormal chromosomes? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> n/a If yes, please indicate type: _____	Pre-eclampsia History <input type="checkbox"/> n/a Were you diagnosed with pre-eclampsia in a previous pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure If yes or unsure, please answer the following: Did you have to take medication for your blood pressure? <input type="checkbox"/> No <input type="checkbox"/> Yes What was the date of delivery for that pregnancy? _____

For Laboratory Use		
COLLECTED BY:	PSC Data Entry Information	ACCESSION NUMBER
DATE COLLECTED	TIME COLLECTED	Test Mnemonics: FTS Client #
Ticket Number	Ticket Time	

PATIENT SERVICE CENTRES – APPOINTMENTS ARE STRONGLY RECOMMENDED. WEBSITE BOOKING: www.albertaprecisionlabs.ca OR CALL 403-770-5136

**Medical Staff: For test information, specimen collection instructions, etc. see www.albertaprecisionlabs.ca
Physicians may contact the Laboratory Information Centre (LIC) 403-770-3600 for test results and related inquiries.**

Alberta Health Care card or other form of government issued I.D. must be presented at each visit

PATIENT INSTRUCTIONS for the First Trimester Combined Screen

First Trimester Combined Screening (FTS) is a screening test for chromosome conditions such as Down syndrome. This test will tell you how likely it is that your pregnancy is affected by Down syndrome, Trisomy 13, or Trisomy 18. The choice to have FTS is yours.

FTS involves an ultrasound (nuchal translucency) and blood work for both singleton and twin pregnancies.

Step 1: Book your ultrasound

- The ultrasound for FTS can only be done at **EFW Radiology Ultrasound Clinics (book by calling 403-289-9269 option 1)**
- The ultrasound must be done **between 11 weeks and 13 weeks 6 days of pregnancy.**
- If your nuchal translucency ultrasound is booked somewhere other than at the clinics notes above, your blood work will not be used as part of your risk assessment.

Once your appointment is booked, **go to step 2**

Step 2: Have your blood work done

- You can have your blood drawn at any of Alberta Precision Laboratory's Patient Service Centers. For appointment for your blood work, please call 403-770-5136 or visit www.albertaprecisionlabs.ca
- **This is your blood test form. You must fill out this form and take it with you to have your blood drawn.**
- Fill out the blood test information completely, including Section 3. These questions must be answered to have an accurate result. If you are having trouble with the questions, please call the Early Risk Assessment Program at 403-943-8379.
- **Your blood can be drawn at any time between 11 weeks in your pregnancy and, preferably, no later than 3 business days before your ultrasound appointment.**
- By having your blood drawn before your ultrasound, we are able to give your results at the time of your ultrasound appointment. If you are unable to have your blood work done before your appointment, it is important to get it done as soon after your appointment as possible. If this is the case, we will call or mail you your results once the blood sample is received and processed.

If you have more questions...

- Please visit our website www.earlyriskassessment.ca.
- If you still have questions or you do not have Internet, please phone the Early Risk Assessment Program at 403-943-8382. We will be happy to talk to you about FTS.