





START # 167

Plate # 068

Visit # 012

Participant ID

Centre # Participant # For Office Use Only

Initials

F M L

**Prenatal Genetic Investigations**

**Result**

- a) All ages-MSS, IPS, FTS \_\_\_\_\_
- b) Age , 35 at EDB-CVS/amnio \_\_\_\_\_
- c) If a or b declined, or twins, then MSAFP \_\_\_\_\_
- d) Counseled and test declined, or too late

**SUBSEQUENT VISITS**

1. Date GA (weeks) Weight B.P.

20    kg

year month day Systolic Diastolic

Urine Prot. SFH FHR/FM

.  mg/dL .  cm

Systolic Diastolic

2. Date GA (weeks) Weight B.P.

20    kg

year month day Systolic Diastolic

Urine Prot. SFH FHR/FM

.  mg/dL .  cm

Systolic Diastolic

3. Date GA (weeks) Weight B.P.

20    kg

year month day Systolic Diastolic

Urine Prot. SFH FHR/FM

.  mg/dL .  cm

Systolic Diastolic

  
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4.

Date	GA (weeks)	Weight	B.P.
20 <input type="text"/> <input type="text"/> <input type="text"/> <small>year   month   day</small>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Systolic      Diastolic</small>
Urine Prot.	SFH	FHR/ FM	
<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Systolic      Diastolic</small>	

5.

Date	GA (weeks)	Weight	B.P.
20 <input type="text"/> <input type="text"/> <input type="text"/> <small>year   month   day</small>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Systolic      Diastolic</small>
Urine Prot.	SFH	FHR/ FM	
<input type="text"/> <input type="text"/> . <input type="text"/> mg/dL	<input type="text"/> <input type="text"/> . <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Systolic      Diastolic</small>	

**ULTRASOUND**

	Date	GA (weeks)	Result
1.	20 <input type="text"/> <input type="text"/> <input type="text"/> <small>year   month   day</small>	<input type="text"/> <input type="text"/>	Dating scan (if done): _____
2.	20 <input type="text"/> <input type="text"/> <input type="text"/> <small>year   month   day</small>	<input type="text"/> <input type="text"/>	18-20 weeks for morphology: _____ _____
3.	20 <input type="text"/> <input type="text"/> <input type="text"/> <small>year   month   day</small>	<input type="text"/> <input type="text"/>	_____ _____
4.	20 <input type="text"/> <input type="text"/> <input type="text"/> <small>year   month   day</small>	<input type="text"/> <input type="text"/>	_____ _____