



DataFax #167

Plate #052

Visit #011

Participant ID [ ][ ] [ ][ ][ ][ ]  
Centre # Participant #

Initials [ ][ ] [ ][ ] [ ][ ]  
F M L

Today's Date: [2][0][ ][ ] [ ][ ] [ ][ ]  
year month day

1. Was a dating ultrasound (< 12 weeks) done:  No  Yes

If yes, when: [ ][ ][ ][ ] [ ][ ] [ ][ ]  
year month day

2. What is the estimated gestational age based on the dating ultrasound: [ ][ ] . [ ][ ] wks

3. Were there any abnormalities detected?  No  Yes Specify: \_\_\_\_\_

4. Please complete the following for each ultrasound recorded on this mother

**a. Integrated Prenatal Screening: 12-15 week ultrasound**

Date: [ ][ ][ ][ ] [ ][ ] [ ][ ]  
year month day

Biparetal diameter [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Head circumference [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Abdominal circumference [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Femur length [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Estimated gestational age [ ][ ] . [ ][ ] wks  
Estimated fetal weight [ ][ ][ ][ ][ ] gms

**b. 18-20 week ultrasound**

Date: [ ][ ][ ][ ] [ ][ ] [ ][ ]  
year month day

Biparetal diameter [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Head circumference [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Abdominal circumference [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Femur length [ ][ ] . [ ][ ] wks OR [ ][ ][ ][ ] . [ ][ ] mm  
Estimated gestational age [ ][ ] . [ ][ ] wks  
Estimated fetal weight [ ][ ][ ][ ][ ] gms



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F M L

b. 21- 23.6 week ultrasound

Date: [ ][ ][ ][ ] [ ][ ] [ ][ ]  
year month day

Biparetal diameter [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Head circumference [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Abdominal circumference [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Femur length [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Estimated gestational age [ ][ ] . [ ] wks  
Estimated fetal weight [ ][ ][ ][ ] gms

c. 24 - 27.6 week ultrasound

Date: [ ][ ][ ][ ] [ ][ ] [ ][ ]  
year month day

Biparetal diameter [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Head circumference [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Abdominal circumference [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Femur length [ ][ ] . [ ] wks OR [ ][ ][ ] . [ ] mm  
Estimated gestational age [ ][ ] . [ ] wks  
Estimated fetal weight [ ][ ][ ][ ] gms

6. Presentation at delivery (according to ultrasound):

- a. Vertex/cephalic
- b. Breech
- c. Unrecorded
- d. Other, describe \_\_\_\_\_
- e. Not applicable.