PATHLAB

Penjagaan Kesihatan Healthcare 保健

Pathology And Clinical Laboratory Pte. Ltd.

45 Kallang Pudding Road #05-01/04, #06-01A
Alpha Building Singapore 349317
UEN No. 197200753W

Tel : (65) 6742 9011 (8 lines)
Fax : (65) 6742 9226
E-mail : enquiry@pathlabs.com.sg

REQUEST FORM

Please fill up details and write clearly.

FITS Test (First Trimester Screen) - 10 to 14 weeks gestation

Date

Doctor

Clinic

Payment

☐ Bill Account ☐ Bill Patient

☐ Bill __________ *(Please specify)*

Report

☐ Fax Result Fax No. __________

☐ Phone Result Tel No. __________

☐ By Despatch

Patient's Name in Full

NRIC/PPNo.

Nationality

Clinic No.

FEMALE

Specimen : 5 ml plain blood

Compulsory data for test

Date of Birth of Patient ☐☐☐☐☐☐ (D D M M Y Y)

Date of Blood Sampling ☐☐☐☐☐☐ (D D M M Y Y)

Weight of Patient ☐☐☐.☐ Kg

Gestation age using ultrasound method

Date of Ultrasound ☐☐☐☐☐☐ (D D M M Y Y)

CRL ☐☐☐.☐ mm or BPD ☐☐☐.☐ mm

NT ☐☐☐.☐ mm

Obstretic History

Miscarriage ☐ Yes ☐ No

Single Pregnancy ☐ Multiple Pregnancy ☐ __________

Down Syndrome (Trisomy 21) ☐ Yes ☐ No

Edwards' Syndrome (Trisomy 18) ☐ Yes ☐ No

Additional Data

Diabetes Mellitus ☐ Yes ☐ No

Smoker ☐ Yes ☐ No

Clinical Note

Rev. 1 (2022)

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