

PRE-ECLAMPSIA RISK ASSESSMENT WITH PREGNANCY FIRST TRIMESTER SERUM MARKERS

PRESCRIBER/SONOGRAPHER

1. Inform the patient
2. Fill in contact details
3. Fill in the clinical information form the back of the document
4. The COMPLETE information is MANDATORY for this risk assessment
5. This screening is only available for singleton pregnancies in the first trimester (between 11.0 and 13.6 weeks of amenorrhea)
6. Please, note that blood pressure measurements must be made on both right and left arms

Any missing data effects the reliability of the calculated risk

MEDICAL BIOLOGY LABORATORY

1. Collect 5 ml of blood on a **dry tube only**
2. Centrifuge and freeze within 4 hours maximum
3. Preferably the blood sampling should be performed the day of the first trimester ultrasound or within the following few days

PATIENT INFORMATION

1. Read all information
2. Enter full name and sign the consent
3. Go to the medical laboratory to make the blood test

INFORMATION – PATIENT'S INFORMED CONSENT

This biological test estimates the risk of pre-eclampsia.

The risk is calculated using all necessary clinical data and the results of two biological markers: PAPP-A and PIGF,

This test is valid only for singleton pregnancies in the first trimester.

It is a screening, not a diagnosis (false positives and false negatives are possible).

Date:

Patient's First Name, Last Name and Signature:

RECOMMENDATIONS

- The risk of pre-eclampsia is calculated in the first trimester (between 11.0 and 13.6 weeks of amenorrhea) and only for singleton pregnancies
- Blood pressure should ideally be taken simultaneously in both arms.
- Dates of biophysical measurements (ultrasound, Doppler, and blood pressure) and biological sampling should be as close as possible.

PRE-ECLAMPSIA RISK ASSESSMENT

WITH PREGNANCY FIRST TRIMESTER SERUM MARKERS

LABORATORY	SAMPLING
Customer number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C / <input type="text"/> <div style="text-align: center; font-size: small;">Mandatory Stamp</div>	Sampling date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sampling time: <input type="text"/> : <input type="text"/>
PATIENT	PRESCRIBER
LAST NAME: FIRST NAME: Maiden name: Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address: ZIP code City..... Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LAST NAME: FIRST NAME: Address ZIP code City Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fax: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Email address: Signature:
FIRST TRIMESTER ULTRASOUND (essential for calculation)	
<input type="checkbox"/> Date of the first trimester ultrasound scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Crown-rump length: <input type="text"/> <input type="text"/> <input type="text"/> mm (45,0 to 84,0 mm)	
BIOPHYSICAL MEASUREMENTS	
<input type="checkbox"/> Date of blood pressure measurement: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1st measurement: Left arm: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mmHg & Right arm: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mmHg 2nd measurement: Left arm: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mmHg & Right arm: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mmHg <input type="checkbox"/> Date of uterine artery Doppler: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Left pulsatility index: <input type="text"/> , <input type="text"/> (0.40 to 4,00) Right pulsatility index: <input type="text"/> , <input type="text"/> (0.40 to 4,00)	
CLINICAL INFORMATION FOR RISK ESTIMATION	
<input type="checkbox"/> Patient's height: <input type="text"/> <input type="text"/> <input type="text"/> cm <input type="checkbox"/> Patient's weight: <input type="text"/> <input type="text"/> <input type="text"/> kg <input type="checkbox"/> Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No (vaping is considered as Non-smoker) <input type="checkbox"/> Geographic origin: <input type="checkbox"/> Europe and North Africa <input type="checkbox"/> Asia <input type="checkbox"/> Sub-saharan Africa and Caribbean <input type="checkbox"/> Other (specify) : <input type="checkbox"/> History of pre-eclampsia (patient): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> History of pre-eclampsia (patient's mother): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Parity (only pregnancies ≥24 weeks):: <input type="checkbox"/> Nulliparous <input type="checkbox"/> One previous pregnancy <input type="checkbox"/> 2 or more <input type="checkbox"/> Date of previous delivery: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Term: <input type="text"/> <input type="text"/> <input type="text"/> SA Baby's weight: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams <input type="checkbox"/> Chronic hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes, treated <input type="checkbox"/> Yes, Untreated <input type="checkbox"/> Conception: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Ovarian stimulation <input type="checkbox"/> IVF <input type="checkbox"/> Diabetes: <input type="checkbox"/> No <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type II treated with insulin <input type="checkbox"/> Systemic lupus erythematosus: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Antiphospholipid syndrome: <input type="checkbox"/> No <input type="checkbox"/> Yes	