



**AFP, Triple Screen,  
Quad Screen Data Sheet**  
(Triple Screen calculations are only valid  
between 15 and 22 weeks gestation)

Name \_\_\_\_\_

Physician \_\_\_\_\_

Clinic \_\_\_\_\_

Estimated date of delivery \_\_\_\_\_

Determined by (check one):  Ultrasound

LMP (Must be calculated using a Quest  
Diagnostics Gestational Wheel)

Provider Exam

Sample collection date \_\_\_\_\_

Maternal weight \_\_\_\_\_ pounds

Mother's ethnic origin:

African American

Asian

Caucasian

Hispanic

Other \_\_\_\_\_

Insulin-dependent diabetic prior to pregnancy?  Yes  No

Is this a repeat specimen for Neural Tube Defect (NTD)?  Yes  No

Number of fetuses:

One

Two

More than two, specify \_\_\_\_\_

History of Neural Tube Defect:

No

Yes, explain \_\_\_\_\_

Other relevant clinical data \_\_\_\_\_

**Attach this form to the testing requisition.**