Quest Diagnostics Nichols Institute

Maternal Screen, Penta Screen, Quad Screen
Request for Missing Information

Please use this form to request amended maternal screen, penta screen, and quad screen reports. Once filled out, please call (800) 336-3718 ext. 62630 or fax to (610) 271-9734.

Thank you,

Patient Name: ____ Date of Birth:__________________

Client Accession: ______________________________

Quest Diagnostics, Nichols Institute Accession: ________________________________

Ordering Physician Name__________________________________ Phone Number _____________________

EDD: __________EDD DETERMINED BY: LMP ULTRASOUND PHYSICAL EXAM

Weight: _________________ Race: WHITE BLACK ASIAN HISPANIC OTHER

Insulin Dependent Diabetic? YES NO Cigarette Smoker? YES NO

Repeat Sample? YES NO Number of Fetuses: _______________________

Neural Tube Defect (NTD) History? YES NO

Date of Draw: ____

Donor Egg? YES NO Donor Age: ______________________

Crown Rump Length (CRL) ________ mm Nuchal translucency (NT) ________mm

EDD from CRL ____/____/____ Ultrasound date ____/____/____

If twin gestation, are the twins ☐ Dichorionic ☐ Monochorionic

Twin B CRL ________mm Twin B NT ________mm

Ultrasonographer's name______________________________________ Credentialing agency: (NTQR ☐ FMF☐)

Provider ID# of person performing the scan ____________________Location ID#_____________________ _

Provider ID# of Physician Reading the scan _____________________

Form Completed by: ____

(Name and Phone Number)