



PARKVIEW HEALTH LABORATORIES

328 Ley Road • Fort Wayne, IN 46825

ALPHA-FETOPROTEIN REQUEST

ALL INFORMATION MUST BE COMPLETED FOR CORRECT INTERPRETATION

NOTE:

SERUM ALPHA-FETOPROTEIN CAN BE CALCULATED FOR WEEKS 15–20 ONLY

AMNIOTIC ALPHA-FETOPROTEIN CAN BE CALCULATED FOR WEEKS 14–20 ONLY

QUAD and TRIPLE TEST CAN BE CALCULATED FOR WEEKS 14–22 ONLY

Patient's Name: _____ Physician: _____

Patient's Date of Birth: _____ Date Collected: _____

Race: _____ Patient I.D. #: _____

Patient Weight: _____ lbs.

GESTATIONAL AGE _____ (in weeks)

Choose
One

By Sonar: _____ (Date of Last Ultrasound: _____ (if applicable))

By Exam: _____

By LMP: _____ (Date of Last Menstrual Period: _____)

CURRENT PREGNANCY: Singleton / Twin / Multiple Fetus _____ (indicate number)

PATIENT HISTORY: Does this patient have insulin dependent diabetes? Yes No

OTHER HISTORY/COMMENTS:

AFP, Serum or Amniotic Fluid

Maternal Triple Screen, 2 MoM

Maternal Quad Screen, 2.5 MoM

Is this an initial screening or a repeat test for this pregnancy? (check one)

FOR LABORATORY USE ONLY

Specimen Type: Serum Amniotic Fluid

Results: Alpha-Fetoprotein _____ IU/ML

MoM _____

Tech: _____