

probabil trebuie să fie efectuată la un interval căt mai apropiat unei de altie.
Măsurările biologice (ecografie de primătimă, ecografie doppler, tensiune arterială) și recoltarea

- In mod ideal, tensiunea arterială trebuie să fie luate de la ambele brațe în același timp. Dacă acest lucru nu este posibil, trebuie să se ia dintr-un braț valoarea altul.
- În plus, trebuie să se ia ună după ce s-a întâmplat o săptămână (11.0 și 13.6 de amenorée).
- Calculul riscului pre-ecclampsiei poate fi efectuat numai:

RECOMMENDATIONS AND ESSENTIAL DATA REQUIRED FOR THE CALCULATION

This test is pre-ecclampsia risk evaluation. It is a screening test
and not a diagnostic test (possibility of false positive or false negative):

Patient's signature

- The pre-ecclampsia risk calculation can only be performed.
- During the first trimester of pregnancy (between 11.0 and 13.6 weeks of amenorrhea), ideally, the arterial blood pressure should be taken from both arms at the same time. If this is not possible, for a single-fetus pregnancy only.
- For a single-fetus pregnancy only.
- During the first trimester of pregnancy (between 11.0 and 13.6 weeks of amenorrhea), be taken as closely as possible to one another.

Date and time of sampling:

hrs min

LABORATORY

Smoker	<input type="checkbox"/> NO <input type="checkbox"/> YES
Geographic origin	<input type="checkbox"/> Europe/North Africa <input type="checkbox"/> Sub-Saharan Africa and the Caribbean <input type="checkbox"/> Asia <input type="checkbox"/> Other (e.g. mixed-race):
The patient's height: cm	cm
Pulsatility index (PI)	Left arm: cm Right arm: cm
Echo Doppler a arterelor uterine	Date of Doppler scan: mm/Hg
Arterial blood pressure	Date measured: mm/Hg
Crown-Rump Length: mm	Date of scan: mm
1st trimester ultrasound scan	(donnees indispensables au calcul)
Sumame:	
Address:	
First name:	
RPPS number or equivalent:	(Collecție Database of Health Professionals Identifier number):
First name:	
Sumame:	
Address:	
Post code: City:	
Tel:	
Fax:	
Post code: City:	
Date de naștere:	
Sumame:	
First name:	
Number:	
Prénom:	
Nume:	
Data naștere:	
Adresa:	
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Prénom:	
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Fax:	
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Adresa:	
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Nume:	
Numărul dinamite de casatorie:	
Denumire:	
Număr:	
Ecografie de trimestri I	Date ecografie: mm
Tensiune arterială	Data măsurării: mm/Hg
Echogenicitate arterelor	Stingătură: mm Drapeta: mm (0.40 - 4.00)
Inaljime:	cm Greutate: kg
Fumatore	NU <input type="checkbox"/> DA
Originea geografică	Euroea/Africa de Nord <input type="checkbox"/> Africa Sub-Saharană și Asia Caraibeana <input type="checkbox"/> Asia Sub-Sahariană și Asia Caraibeana <input type="checkbox"/> Altă (ex. rasa mixtă):
Precedențe în antecedente	NU <input type="checkbox"/> DA, al pacientului <input type="checkbox"/> DA, al pacientului și al mamii pacientului <input type="checkbox"/> neconoscut <input type="checkbox"/> DA, sau mai multe <input type="checkbox"/> o sarcină anterioară <input type="checkbox"/> nulipara
Parte (număr de nou-născuți vii)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 sau mai multe
Hiperemisie cronică	<input type="checkbox"/> NU <input type="checkbox"/> DA, sub tratament <input type="checkbox"/> DA, netratată
Alerie:	

RECOMMENDATIONS AND ESSENTIAL DATA REQUIRED FOR THE CALCULATION

Date și ora recăldării probei:

ora min

LABORATOR

Smoking	<input type="checkbox"/> No <input type="checkbox"/> Yes
Geographic origin	<input type="checkbox"/> Europe/North Africa <input type="checkbox"/> Sub-Saharan Africa and the Caribbean <input type="checkbox"/> Asia <input type="checkbox"/> Other (e.g. mixed-race):
The patient's height: cm	cm
Pulsatility index (PI)	Left arm: cm Right arm: cm
Echo Doppler a uterine arteries	Date of Doppler scan: mm/Hg
Arterial blood pressure	Date measured: mm/Hg
Crown-Rump Length: mm	Date of scan: mm
1st trimester ultrasound scan	(donnees indispensables au calcul)
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Post code: City:	
Date of birth:	
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