

PREECLAMPSIA RISK ASSESSMENT

With pregnancy first trimester serum markers.

PHYSICIAN

- 1 – Inform the patient.
- 2 – Fill in the clinical information form at the back of the document.
The COMPLETE information is MANDATORY for this risk assessment.
- 3 – This screening is only available for monofetal pregnancy and between 11.0 and 13.6 weeks of amenorrhea
- 4 – Please, note that blood pressure measurement must be made on both right and left arms.

MEDICAL LABORATORY

- 1 - Collect 5 ml of blood on a DRY tube ONLY
- 2 – Centrifuge and freeze within 4 hours maximum
- 4 - Blood collection should be made maximum 10 days after ultrasound examination and blood pressure measurement

PATIENT

- 1 – Read the information
- 2 – Sign the patient's informed consent
- 3 – Go to the medical laboratory to make the blood test

MEDICAL PRESCRIPTION FOR PREECLAMPSIA RISK ASSESSEMENT

With pregnancy first trimester serum markers.

↪ DOCUMENT TO BE GIVEN TO THE PATIENT AND TRANSMITTED TO THE PRENATAL DIAGNOSIS CENTER ↪

PATIENT	PRESCRIBER
<p>■ First name :</p> <p>■ Last name :</p> <p>■ Date of birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>■ Adress :</p> <p>Zip code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Town :</p>	<div style="border: 1px solid black; border-radius: 15px; width: 80%; margin: 0 auto; padding: 20px;"> <p>STAMP</p> </div>

MANDATORY CLINICAL INFORMATION FOR RISK ASSESSMENT	
<p>■ Date of 1st trimester scan : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>■ Crown-rump length : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mm (45,0 to 84,0 mm)</p> <p>■ Date of blood pressure measurement : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Left arm : <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm/ Hg</p> <p>Right arm : <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm / Hg</p> <p>■ Date of uterine arteries Doppler : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Left pulsatility index : <input type="text"/> , <input type="text"/> (0,40 à 4,00)</p> <p>Right pulsatility index : <input type="text"/> , <input type="text"/> (0,40 à 4,00)</p> <p>■ Patient size : <input type="text"/> <input type="text"/> <input type="text"/> cm</p> <p>■ Patient weight : <input type="text"/> <input type="text"/> <input type="text"/> kg</p> <p>■ Smoking : YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>■ Geographic origin : Europe / North Africa <input type="checkbox"/> sub- saharian Africa/West indies <input type="checkbox"/> Asia <input type="checkbox"/> Mixed <input type="checkbox"/> Other :</p> <p>■ History of preeclampsia : NO <input type="checkbox"/> YES, for the patient <input type="checkbox"/> YES, for the patient's mother <input type="checkbox"/> YES, for the patient AND her mother <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>■ Number of child born alive : 0 <input type="checkbox"/> , 1 <input type="checkbox"/> , 2 and more <input type="checkbox"/></p> <p>■ Chronic hypertension : NO <input type="checkbox"/> YES, treated <input type="checkbox"/> YES, not treated <input type="checkbox"/></p>

INFORMATION – PATIENT'S INFORMED CONSENT
<p>I, undersigned:</p> <p>testify that I am informed by Drabout the test: "Preeclampsia risk assessment"</p> <p>I acknowledge to have understood that:</p> <ul style="list-style-type: none"> - This risk is calculated with all the above clinical information and the results of biological PAPPa and PIGF assays, during the first trimester of a monofetal pregnancy. - This test is a screening and not a diagnosis (risk of false positive and false negative). <p style="margin-top: 20px;">Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <div style="border: 1px solid black; width: 300px; height: 40px; margin-left: auto; margin-top: 10px; padding: 5px;"> <p>Patient's signature :</p> </div>

LABORATORY	ACCOUNT N° :
<p style="text-align: center; margin-bottom: 5px;">DATE OF SAMPLING</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 80px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 5px;">STAMP</p>