

Patient Screening/Testing Information

Cystic Fibrosis info given _____ Date _____
HIV testing info given _____ Date _____
Prenatal screening info given _____ Date _____

CYSTIC FIBROSIS TEST

Request _____ Decline _____ Pt Signature _____ Date _____
Witness _____

HIV TESTING

Request _____ Decline _____ Pt Signature _____ Date _____
Witness _____

PRENATAL SCREENING

Integrated Screen
_____ 1st Draw 12wk-13w6d Sch _____ Done _____
Pt Initial 2nd Draw 15-22wks Sch _____ Done _____
Nuchal Trans Scan 12wk-13w6d Sch _____ Done _____
Results Received _____

Serum Integrated Screen
_____ 1st Draw 11wk-13w6d Sch _____ Done _____
Pt Initial 2nd Draw 15-22wks Sch _____ Done _____
Results Received _____

Quad Screen
_____ Only Draw 15-22wks Sch _____ Done _____
Pt Initial Results Received _____

No Testing

Pt Initial

Patient Signature _____ Date _____

PATIENT NAME:

DOB: