

UNC Maternal Serum Screen Recalculation/ data change request form
FAX 984-974-1678

Patient Name: _____

Patient/Specimen Code: _____

Patient Sample date: ____/____/____

Date of Birth: ____/____/____

Interpretation: ____positive ____negative ____uninterpretable **

UPDATED INFORMATION: (only data which has changed from original report)

Weight on date of sample: _____

Insulin dependent diabetic prior to pregnancy: _____

Race: _____

Ultrasound information: (must be at least a 10 day difference from LMP for a recalculation based upon US data)

Date of ultrasound: ____/____/____

Gestational age on **DATE of US**: ____weeks ____days

Information provided by _____

Practice/health clinic _____

Date: ____/____/____

FAX number: ____-____-____ Contact number: ____-____-____

A revised report will be faxed within 2 business days. Reports with **Positive interpretations will be called and faxed. Reports with **Negative** interpretations will be mailed/faxed.

If the recalculation is urgent or you need to speak to a Genetic Counselor for clinical consultation, you may also contact the UNC AFP Screening Program at 919-966-2229.

Reviewed by: _____ Genetic Counselor UNC AFP
Screening Program