

NUCHAL TRANSLUCENCY (NT1214)

PATIENT NAME: _____ MR#: _____
DATE: _____ TECH INITIAL: _____ EXT: _____
FACILITY: MWH / MIF / ICW / MILH / MINS / SH / WB

INDICATION:

☐ Nuchal translucency

COMPARISON:

Location of earliest Ultrasound: _____

Date of 1st Ultrasound: _____

Extrapolated GA today (using clinically established EDD*): _____

Clinically Established EDD incorporating the 1st US*: _____

*(Based on ACOG guidelines: 0w-14w0d= +/- 7days; 14w1d-20w0d= +/-10 days; 20w1d-27w0d= +/-14 days; 27w1d-term= +/-21days)

TECHNIQUE (Select all used): ☐ Transabdominal ☐ Endovaginal ☐ Translabial ☐ Color Duplex ☐ 3-Dimensional

FINDINGS:

Fetus: Single

Fetal Heart Activity: ☐ Present; fetal heart rate _____ bpm. ☐ Not Present (ADD DICTATION)

Gestational Age:

☐ Fetal CRL is _____ mm= _____ weeks _____ days +/- _____ days

Nuchal translucency thickness measurement: _____ mm

Nasal bone: ☐ Present ☐ Not Present ☐ Could not assess

☐ ADD DICTATION (mark if indicated):

OTHER ABNORMAL FINDINGS (see below):

☐ Abnormal abdominal wall

☐ Abnormal cranial anatomy

☐ Other abnormality seen _____

Fetal Survey: Not performed. The fetus will be optimal gestational age for a complete fetal survey (20 weeks) as of ____/____/____.

IMPRESSION:

1. GESTATIONAL DATING:

☐ Single live fetus with an extrapolated gestational age, based on the clinically established EDD, giving _____ weeks _____ days*, EDD ____/____/____.

2. NUCHAL TRANSLUCENCY:

☐ Nuchal translucency thickness measurement: _____ mm.

**Measurement included in analysis by PerkinElmer Labs/NTD to calculate risk assessment. Please refer to the final analysis for further details, which should be available within 4-5 business days.

☐ Nasal bone: ☐ Present ☐ Not Present ☐ Could not assess

3. FETAL SURVEY: Not performed. Please schedule a complete fetal survey between 18 and 22 weeks gestation, if you feel this is necessary. The fetus will be optimal gestational age for a complete fetal survey (20 weeks) as of ____/____/____.

☐ ADD DICTATION: _____