



DATE \_\_\_\_\_ MATERNAL WEIGHT \_\_\_\_\_

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ EDC \_\_\_\_\_ EGA \_\_\_\_\_ Twins \_\_\_ Triplets \_\_\_

PHYSICIAN PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHYSICIAN ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ INSURANCE \_\_\_\_\_

**SUSPECTED DIAGNOSIS** Congenital Cystic Adenomatoid Malformation (CCAM) \_\_\_\_\_ Type I II III (circle)  
Pulmonary Sequestration \_\_\_\_\_ Pleural Effusion \_\_\_\_\_ Other \_\_\_\_\_

**PLACENTA LOCATION PRIMARILY** \_\_\_\_\_ Anterior \_\_\_\_\_ Posterior

**AMNIOTIC FLUID VOLUME** Maximum Vertical Pocket \_\_\_\_\_ cm

**OTHER FETAL ANOMALIES** \_\_\_ Yes \_\_\_ No Comments \_\_\_\_\_

**ABNORMAL INTRACRANIAL U/S FINDINGS**

Does the fetus have evidence of: Intraventricular hemorrhage \_\_\_\_\_ Yes \_\_\_\_\_ No  
Porencephalic cysts \_\_\_\_\_ Yes \_\_\_\_\_ No  
Ventriculomegaly \_\_\_\_\_ Yes \_\_\_\_\_ No

**FETAL HYDROPS**

Does the fetus have evidence of: Abdominal ascites \_\_\_\_\_ Yes \_\_\_\_\_ No  
Scalp edema \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pleural effusion \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pericardial effusion \_\_\_\_\_ Yes \_\_\_\_\_ No

**DOPPLER STUDIES**

Does the fetus have evidence of: Umbilical artery: AEDV \_\_\_\_\_ Yes \_\_\_\_\_ No  
REDV \_\_\_\_\_ Yes \_\_\_\_\_ No  
Ductus Venosus- Reverse Flow \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pulsatile Umbilical Vein \_\_\_\_\_ Yes \_\_\_\_\_ No

**CERVICAL LENGTH-REQUIRED**

Via endosvaginal scanning, the cervical length appeared to measure \_\_\_\_\_ cm Funneling? \_\_\_ Yes \_\_\_ No

**TRIPLE SCREEN**

If this test has been done is there an increased risk for:  
Down's Syndrome? \_\_\_ Yes \_\_\_ No Neural tube defect? \_\_\_ Yes \_\_\_ No

**AMNIOCENTESIS**

Has the patient undergone any amniocentesis procedures? \_\_\_\_\_ Genetic \_\_\_\_\_ None  
If a genetic amniocentesis has been performed, please state the fetal karyotype: \_\_\_\_\_ 46, XX \_\_\_\_\_ 46, XY  
If other laboratory tests have been ordered (such as TORCH tests) please fax results with this form.

**PLEASE FAX FORM TO: (626) 356-3379**

Insurance authorization will be coordinated with Arlyn Llanes, RN/Kris Rallo, RN, who may be contacted by phone at: (626) 356-3360, or by Email at: [Arlyn.Llanes@med.usc.edu](mailto:Arlyn.Llanes@med.usc.edu) or [Kristine.Rallo@med.usc.edu](mailto:Kristine.Rallo@med.usc.edu).