

Name / DOB / Unit No

Your Screening Choices

Please use this form to record your screening choices. Complete & bring with you to your midwife booking appointment where your choices will then be discussed. Information about these screening tests can be found in the NHS booklet '**Screening tests for you and your baby**' or at <https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief>

Please date & sign in each box indicating your choice

<u>Test</u>	<u>When</u>	Yes I would like to have the test	No I do not want this test	I don't know I want more information
Blood Group & Antibodies	Early pregnancy			
Full Blood Count	Early pregnancy			
Sickle Cell and Thalassaemia	Early pregnancy (ideally before 10 Weeks)			
Hepatitis B	Early pregnancy			
HIV	Early pregnancy			
Syphilis	Early pregnancy			
Dating scan ONLY	After 10 weeks			
<i>If chosen, combined screening in the first trimester is the recommended test for the following:</i>				
Down's syndrome (Trisomy 21) and Edwards' (Trisomy 18) & Patau's syndromes (Trisomy 13)	11+2 to 14+1 weeks			
OR				
Down's syndrome (Trisomy 21) ONLY	11+2 to 14+1 weeks			
OR				
Edwards' (Trisomy 18) and Patau's syndrome (Trisomy 13) ONLY	11+2 to 14+1 weeks			
<i>If combined screening in the first trimester is not possible:</i>				
Down's syndrome (Trisomy 21) <u>2nd Trimester</u> (Quadruple test)	14+2 to 20+0 weeks (<i>ideally 15-16 weeks</i>)			
Anomaly Scan	18 to 20+6 weeks			

Tests highlighted in grey include Dating Scan as well as screening tests indicated.

The screening test for Edwards' and Patau's syndromes in the second trimester is the Anomaly scan.