

Prenatal Biochemistry Laboratory
at Children's & Women's Health Centre of British Columbia
in partnership with the BC Prenatal Genetic Screening
Program

4480 Oak Street, Vancouver, B.C. V6H 3V4
T: 604-875-2331 F: 604-875-3008

Alpha-Fetoprotein Testing on Amniotic Fluid (AF-AFP)

Patient Information

SURNAME _____

FIRST NAME & MIDDLE NAME _____

PERSONAL HEALTH NUMBER/CARECARD _____

Date of birth: Y _____ M _____ D _____

FOR COMPLETION BY C&W LABORATORY

Requisition to be completed by health care professional when requesting AFP on Amniotic Fluid samples.
Please include ALL of the following information:

AF-AFP Interpretation range: 15 weeks – 21⁺⁶ weeks

Date of Amniocentesis: Y _____ M _____ D _____

Time: _____

Name of Collecting Centre: _____

Amniotic Fluid Appearance (at
time of collection):

- Clear
- Cloudy
- Bloodstained
- Significantly discoloured

Amniotic AFP should only be measured in the following patients:
(Please indicate which scenario describes your patient)

- Amniocentesis done for maternal age or other genetic indication with no prior maternal serum AFP done
- Maternal serum AFP level ≥ 2.5 MoM (positive screen for Open Neural Tube Defect)
- Ultrasound diagnosis of Neural Tube Defect

Gestational Age Information

LMP: Y _____ M _____ D _____

Ultrasound info: (Earliest available >7 weeks)

Date of ultrasound: Y _____ M _____ D _____

Gestational age: _____ weeks _____ days

Crown rump length (CRL): _____ mm

Biparietal diameter (BPD): _____ mm

Twin pregnancy? yes no

Racial origin:

- Caucasian East Asian South Asian
- First Nation Black
- Other (specify): _____

EAST ASIAN: eg. CHINESE, JAPANESE, FILIPINO, VIETNAMESE,
KOREAN
SOUTH ASIAN: eg. INDIAN, PAKISTANI, SRI LANKAN

Ordering Doctor/Midwife/Nurse Practitioner

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

SIGNATURE _____ DATE _____

Copy Results to:

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

NAME _____ MSP PRACTITIONER # _____

ADDRESS _____ TELEPHONE _____

Please ship specimen on ice (4 °C) to Prenatal Biochemistry Laboratory as soon as possible.

The BC Prenatal Genetic Screening Program is part of the Provincial Health Services Authority's Perinatal Services BC. The personal information collected here and as part of any future prenatal diagnostic testing you may undergo in BC, is used to provide safe, more accurate tests, measure outcomes, and evaluate and disseminate new evidence/knowledge. The Program collects and protects personal information under the authority of Section 26 [c] of the BC Freedom of Information and Protection of Privacy Act. Should you have any questions regarding the collection, use or disclosure of your personal information, please contact the BC Prenatal Genetic Screening Program at 604-877-2121. Additional information is also available on our website at www.bcprenatalscreening.ca