

Country Code

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Study Antenatal Clinic Code

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Date of Ultrasound Dating

D	D	—	M	M	—	Y	Y
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Patient Screening Number

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**Section 1: Last Menstrual Period (LMP)**

1. First day of the LMP (please take it from Question 35 on the Screening Form)

D	D	—	M	M	—	Y	Y
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2. Estimated gestational age by LMP (using the wheel provided)

		Weeks		Days
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**Section 2: Ultrasound Observations**

3. Is this an intrauterine pregnancy?

<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
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4. Is fetal heart activity visible?

<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
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5. Is more than one fetus visible?

<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
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6. Are there any signs of fetal abnormality?

<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
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**Section 3: Crown Rump Length (CRL) measurements**

7. What is the CRL measurement?

			.		mm
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8. Estimated gestational age by CRL

		Weeks		Days
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9. What is the discrepancy (in days) between the gestational age, estimated by LMP(question 2) and by CRL (question 8)?

		Days
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10. Is the discrepancy less than 8 days?

<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
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**Section 4: Eligibility**

11. Are all the shaded boxes (  ) on this page marked with an X?

<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
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If yes, the woman is eligible for the study. Please ask her to read and sign the Informed Consent Form and complete the Maternal Study Entry Form

Name of Researcher

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Signature

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Researcher Code

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