

**AFFIX
PTID LABEL
HERE**

Country Code

0

7

Hospital/Clinic Code

Screening Number

Date of Ultrasound Dating

D

D

M

M

Y

Y

Please answer all yes/no questions by placing a 'X' in the corresponding box

Section 1: Last menstrual period (LMP)

1. First day of the woman's last menstrual period (LMP):

2. Estimated gestational age by LMP: (using the wheel provided)

weeks days

Section 2: Ultrasound observations

3. Is this an intrauterine pregnancy?

yes no

4. Is fetal heart activity visible?

yes no

5. Is more than one fetus visible?

yes no

6. Are there any signs of fetal abnormality?

yes no

Section 3: Crown-rump length (CRL) measurements

7. CRL measurement:

. mm

8. Estimated gestational age by CRL:

weeks days

9. Is this less than 14 weeks?

yes no

Section 4: Eligibility

10. Are all the shaded boxes () on this page marked with a 'X'?

yes no

*If yes, the woman is eligible for the study. Continue to Section 5.
If no, the woman is not eligible for the study. No further action is required.*

Section 5: How to proceed

If the woman is eligible for the study, please proceed as follows:

- (a) Complete the **Maternal Study Entry Form** in the Fetal Study Booklet.
- (b) Collect blood samples; complete the **Sample Collection Slip**.
- (c) Send samples to the lab.

Name of Researcher/Midwife

Signature

Researcher Code