

Name of Researcher/Midwife

Signature

INTERBIO-21st **Fetal Study and Neonatal Study**

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NTERBIO-21 st PTID Number	0 7] - 🔲		Hospital/Clinic	Code	
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HERE	Visit Date	•		D D M M Y	Υ	
ease answer all yes/no ques	, , ,	a 'X' in the	correspondi	ng box		
ction 1: Abnormalities observed in which of the following are		malities see	en?			
Please provide detailed info				where 'yes' is crossed.		
1. Head	Г	yes no	9. Bla	·	yes no	2
2. Brain		yes no	10. Lir	mbs	yes no)
3. Face	[yes no	11. Lu	ings/Pleura	yes no	,
4. Neck	[yes no	12. Kid	dneys	yes no	
5. Spine		yes no	13. Ge	enitalia	yes no	
6. Heart		yes no		nromosomal abnormality g. Down's syndrome)	yes no	,
7. Anterior abdominal wal	II [yes no	15. Inc	determinate sex	yes no	,
8. Gastro-intestinal		yes no	16. Ot	her	yes no	
17. Detailed information						7
18. Final diagnosis						
Once completed please f	ax - or scan and o	email - a co	ny of this for	rm to the Coordinating Un	it in Oxford	

Researcher Code