

INTERBIO-21st PTID Number

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Hospital/Clinic Code

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Antenatal Record No.

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Maternal Date of Birth

D	D	M	M	Y	Y
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Visit Date

D	D	M	M	Y	Y
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**AFFIX
PTID LABEL
HERE**

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

Section 1: Abnormalities observed in ultrasound examination

In which of the following areas were the abnormalities seen?

Please provide detailed information in the text box for any abnormality where 'yes' is crossed.

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|----------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1. Head | <input type="checkbox"/> yes | <input type="checkbox"/> no | 9. Bladder | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Brain | <input type="checkbox"/> yes | <input type="checkbox"/> no | 10. Limbs | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Face | <input type="checkbox"/> yes | <input type="checkbox"/> no | 11. Lungs/Pleura | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Neck | <input type="checkbox"/> yes | <input type="checkbox"/> no | 12. Kidneys | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Spine | <input type="checkbox"/> yes | <input type="checkbox"/> no | 13. Genitalia | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Heart | <input type="checkbox"/> yes | <input type="checkbox"/> no | 14. Chromosomal abnormality
(following amniocentesis or CVS) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Anterior abdominal wall | <input type="checkbox"/> yes | <input type="checkbox"/> no | 15. Two vessel cord
(single umbilical artery) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Gastro-intestinal | <input type="checkbox"/> yes | <input type="checkbox"/> no | 16. Other | <input type="checkbox"/> yes | <input type="checkbox"/> no |

17. Detailed information

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

18. Diagnosis

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Once completed, please fax - or scan and email - a copy of this form to the Coordinating Unit in Oxford.

Name of Researcher/Midwife

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Signature

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Researcher Code

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