LEGACY LABORATORY SERVICES
LEGACY HEALTH

SONOGRAPHER'S NUCHAL TRANSLUCENCY (NT) THICKNESS AND CROWN-RUMP LENGTH (CRL) DATA ENTRY FORM

For First Trimester Screening at ARUP, return the completed form to:

Attention: **Danelle Beaudoin, PhD**
Address: Legacy Laboratory Services
1225 NE 2nd Avenue
Portland, OR 97232-2003
E-mail drbeaudoin@lhs.org
Phone Number: (503) 413-5024
Fax Number: (503) 413-5035

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Each sonographer should fill out his/her own form. Please fill out the following information:

Sonographer's Name: ______________________________

Choose one: ☐NTQR ☐FMF

Certification #: ______________________________

Center or Clinic Name: ______________________________

Address: ______________________________

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City, State, Zip: ______________________________

E-mail: ______________________________

Phone Number: ______________________________

FAX Number: ______________________________

Legacy Laboratory Services recommends submitting NT and CRL measurements for each sonographer to set up sonographer/clinic specific curves. Specific curves provide the most accurate risk assessment for the patient. If this data is not submitted initially, ARUP will use the default curve.

☐ **I will be submitting CRL and NT measurements. If you have selected this option, then proceed to the next page.**

☐ **I will NOT be submitting CRL and NT measurements. If you have selected this option, sign that you understand the following statement.**

I understand that ARUP is using a default curve since I did not submit NT and CRL measurements. Specific curves provide the most accurate risk assessment for the patient.

______________________________ ____________
Signature **Date**
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SONOGRAPHER'S NUCHAL TRANSLUCENCY (NT) THICKNESS AND CROWN-RUMP LENGTH (CRL) DATA ENTRY FORM

Sonographer's Name: _____

Please submit a minimum of 50 data points including NT in **mm** and CRL in **mm** in order to develop median for center or clinic.

- Need to include a minimum of 15 data points for each sonographer.
- If 1-3 sonographers, then 50 data points will suffice.
- If >3 sonographers, suggest 15 data points per sonographer.
- More than 3 sonographers cannot measure a single patient.
- Submit data points from a minimum of 20 different patients.

#	NT (mm)	CRL (mm)	#	NT (mm)	CRL (mm)
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		