



# Canberra Fetal Assessment Centre

## Gynaecological Imaging

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### Ultrasound Request Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Contact Phone: \_\_\_\_\_

Clinical Details: LMP \_\_\_\_\_ EDD \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_

Clinical History/Indications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INCLUDE COPIES OF PRIOR IMAGING AND TESTS.

#### OBSTETRIC ULTRASOUND EXAMINATION

- |   |   |
|---|---|
| <input type="checkbox"/> Early Pregnancy Assessment   | <input type="checkbox"/> Morphology scan (19-22 weeks)  |
| <input type="checkbox"/> NIPS and counselling   | <input type="checkbox"/> Growth and wellbeing   |
| <input type="checkbox"/> Combined First Trimester Screen (12-13 weeks)<br>Including early anatomy, nuchal translucency, nasal bone and risk assessment using clinical, biochemical and ultrasound information<br>Please provide pathology request form for PAPP-A, bHCG and PIGF. | <input type="checkbox"/> Tertiary and Second Opinion Examination  |
| <input type="checkbox"/> CVS/Amniocentesis<br>Please include a copy of patient blood group & previous results.  | <input type="checkbox"/> Multiple pregnancy <ul style="list-style-type: none"> <li><input type="checkbox"/> FAS</li> <li><input type="checkbox"/> Growth &amp; wellbeing</li> </ul> |
|   | <input type="checkbox"/> Other  |

#### GYNAECOLOGICAL ULTRASOUND EXAMINATION

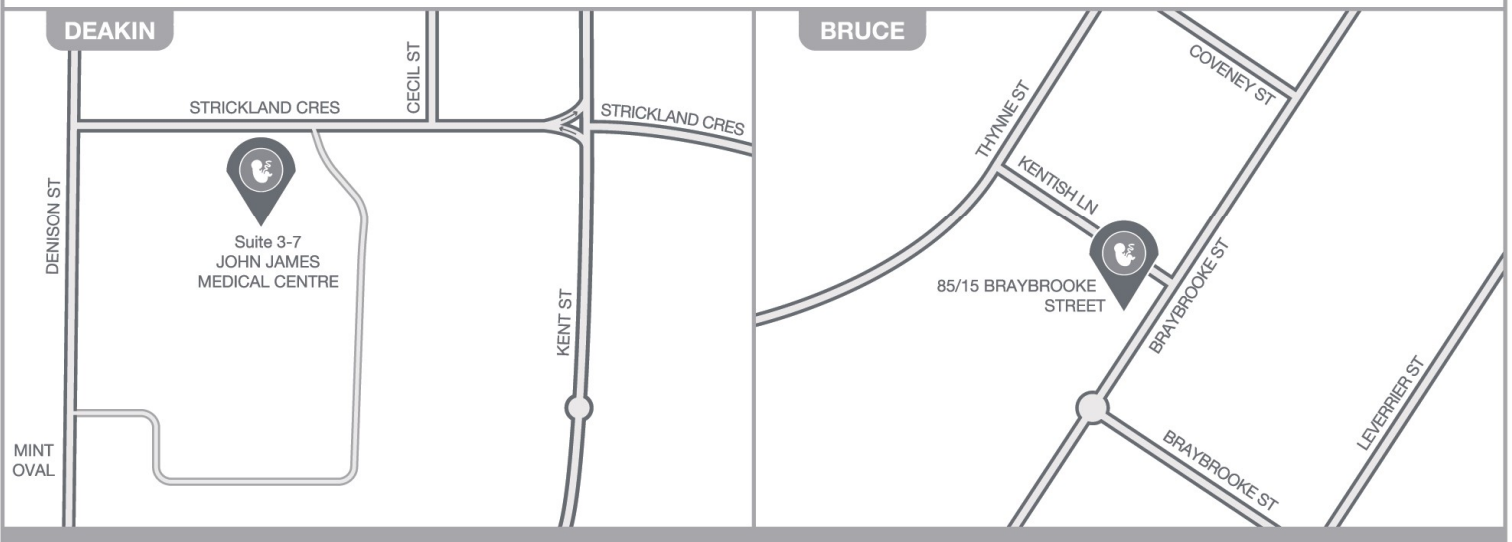
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pelvic Ultrasound  | <input type="checkbox"/> Saline Sonography  | <input type="checkbox"/> Ultrasound Guided Insertion of IUCD<br>Please provide patient with script for IUCD |
| <input type="checkbox"/> Endometriosis Scan<br>A detailed study looking for evidence of deep invasive endometriosis | <input type="checkbox"/> HyCoSy Contrast Ultrasound with tubal patency assessment |   |

Referring Doctor: \_\_\_\_\_ Provider Number: # \_\_\_\_\_

Date of Referral \_\_\_ / \_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

Referrer Address: \_\_\_\_\_

Additional reports to: \_\_\_\_\_





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### Gynaecological Imaging

Thank you for choosing CFAC for your ultrasounds. Most pregnancies will result in a healthy baby without any medical intervention.

In a small group of pregnancies complications can arise, this is usually independent of your age and family history. It includes the following:

- A chromosome abnormality, the most well-known condition is Down syndrome but there are many others and much rarer
- A structure problem, for example a hole in the baby's heart
- Preterm birth, we are referring to a birth before 34 weeks, most babies born after 34 weeks do well.
- Problems when the placenta does not work as it should, it can lead to a smaller baby (referred to as growth restriction) or a condition that has risk factors for a mum, called pre-eclampsia.

We can now screen for these risk factors through a combination of blood tests and ultrasound, they work best when used in combination. Here is a suggestion of how it could be utilised in your pregnancy.

PRIOR TO 10 WEEKS	Confirm viability, confirm single or multiple pregnancy (+ type of multiple), determine expected due date (EDD), exclude pathology of the pelvis.
10 – 12 WEEKS	Consultation, viability scan and blood collection on the same day Whole genome NIPT to screen for chromosomal abnormalities, blood sample to screen for placental problems. Results available in 7 – 10 days *NIPT is a private test with no Medicare rebate*
12 – 14 WEEKS	Scan to assess fetal growth and anatomic structures, nuchal translucency measurement and uterine artery blood flow. Pre-eclampsia risk assessment using clinical, biochemical & ultrasound factors
19 – 20 WEEKS	Scan to assess fetal growth and more complex structures (such as the brain, heart and kidneys) together with review of all the fetal structures. Assess cervical length. Document the position of the placenta.
32 – 36 WEEKS	Scan to assess fetal growth and wellbeing, review fetal anatomy and confirm placental position

You will have access to your reports and images via the CFAC web portal and app!

**Please note a referral is required for each scan.**