



Biomnis

Pregnancy Monitoring Form
Patients undergoing amniocentesis for the screening of infectious or parasitic agents

INTERNATIONAL DIVISION

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PATIENT DETAILS

Referring laboratory:

Amniocentesis performed on: |_|_| |_|_| |_|_| |_|_| |_|_|

Test(s) requested: Result(s):
.....
.....
.....

PREGNANCY MONITORING

- Therapeutic termination of pregnancy: Yes⁽¹⁾ No
- Were sonographic findings observed?

If yes, which ones:
.....
.....

Incidents, comments:
.....

CHILD

Due date: |_|_| |_|_| |_|_| |_|_| Gender: F M

Gestational age: WA

State of health, observations:
.....
.....

If information is unavailable, please indicate the clinician who should be contacted?
.....

(1) If YES, please enclose details of clinical observations and any anatomical pathology reports.