


Prenatal Blood Testing

Patient Information	
Patient Name:	
Date of Birth:	
Medical Record Number:	
Date of First Visit:	
Estimated Due Date:	

Prenatal Testing Schedule	
Test	Timing
Blood Type & Rh Factor	First Visit
Complete Blood Count (CBC)	First Visit
First Trimester Screening	12 weeks
Ultrasound for Nuchal Translucency	12 weeks
Midtrimester Anatomy Scan	19 weeks
Glucose Screening Test	26 weeks
Group B Streptococcus Screening	36 weeks

Additional Notes

Doctor's Signature	
Signature:	
Name:	
Date:	