

Private and Confidential

Date:

Hospital number:

NHS number:

Lab ID number:

Sample Date:

Please show this letter to your midwife at your next appointment and they will write the result into your notes.

Dear

### **Antenatal Screening for Fetal Anomalies**

We have used the following information about you along with information from your dating scan to perform screening tests to which you have consented.

**Date of birth:**

**Smoking status:**

**Family Origin:**

**Weight at time of sample:**

Your final calculated chances are –

Chance of Down's Syndrome – 1 in 100000

These results indicate that your baby is in the 'lower chance' group for these conditions and therefore you will not be offered further testing.

**Screening tests do not give a definitive answer; they tell if your baby has a higher or lower chance of having one of these conditions.**

If you have any questions about this result or the information we have used to calculate the risk, please contact your community midwife or the Antenatal Screening Coordinator at the hospital where you are booked to have your baby.

### **Further information about these screening tests:**

UK Fetal Anomaly Screening Programme – <http://fetalanomaly.screening.nhs.uk>

Antenatal Results and Choices – <http://WWW.arc-uk.org>

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