

Nuchal Translucency - Image Review Sheet

INSTRUCTIONS

For each criteria please select Yes, No or Not Applicable. **NOTE:** To be done as part of the General Ultrasound review if applicable. Minimum of 3 of the 15 ultrasound images.

Facility Name/IHF No.

Patient #1

	Yes	No	Not Applicable
Patient identifier (exam #, patient initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the examination been done within the 11.5-13 week time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tech worksheets complete and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician interpretation complete as per CPP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record interpreting physician/technologist (initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image quality - diagnostic/non-diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

Patient #2

	Yes	No	Not Applicable
Patient identifier (exam #, patient initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the examination been done within the 11.5-13 week time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tech worksheets complete and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician interpretation complete as per CPP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record interpreting physician/technologist (initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image quality - diagnostic/non-diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Patient #3

	Yes	No	Not Applicable
Patient identifier (exam #, patient initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the examination been done within the 11.5-13 week time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tech worksheets complete and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician interpretation complete as per CPP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record interpreting physician/technologist (initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image quality - diagnostic/non-diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Patient #4

	Yes	No	Not Applicable
Patient identifier (exam #, patient initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the examination been done within the 11.5-13 week time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tech worksheets complete and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician interpretation complete as per CPP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record interpreting physician/technologist (initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image quality - diagnostic/non-diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Patient #5

	Yes	No	Not Applicable
Patient identifier (exam #, patient initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the examination been done within the 11.5-13 week time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tech worksheets complete and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician interpretation complete as per CPP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record interpreting physician/technologist (initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Image quality - diagnostic/non-diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: **PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

Updated: July 8, 2015