

MATRIX-007/CARE PrEP Ultrasound Scan Form

Participant Name	Age	First day of last normal menstrual period (LMP) / / DD/MMM/YYYY	Gestational age (GA) by LMP: Wks ____ Days ____
Date of Service: / / DD/MMM/YYYY	Facility where ultrasound was performed:	Sonographer Name:	

First Trimester					
<input type="checkbox"/> Transvaginal <input type="checkbox"/> Transabdominal	Gestational sac visualized: <input type="checkbox"/> No <input type="checkbox"/> Yes → Gestational sac diameter (mean if possible): _____ mm				
Yolk sac: <input type="checkbox"/> Yes <input type="checkbox"/> No	Presence of embryo documented: <input type="checkbox"/> No <input type="checkbox"/> Yes → Number of sacs/embryos/fetuses: _____				
Embryo/Fetus:	Fetus 1 <input type="checkbox"/> N/A	Fetus 2 <input type="checkbox"/> N/A	Fetus 3 <input type="checkbox"/> N/A		
Cardiac activity:	<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent		
Crown Rump Length (CRL):					
Summary					
Intrauterine pregnancy (IUP): <input type="checkbox"/> Yes <input type="checkbox"/> No	Viable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated GA Based on ultrasound (US): Wks ____ Days ____	Consistent with LMP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated due date (EDD) based on US: / / DD/MMM/YYYY	
Comments/other findings:					

Second/Third Trimester			
Placental location: <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Previa <input type="checkbox"/> Low-lying	Amniotic fluid index:	Deepest vertical pocket:	Fetal number:
Fetus	Fetus 1 <input type="checkbox"/> N/A	Fetus 2 <input type="checkbox"/> N/A	Fetus 3 <input type="checkbox"/> N/A
Cardiac activity:	<input type="checkbox"/> Absent <input type="checkbox"/> Present → fetal heart rate: _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present → fetal heart rate: _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present → fetal heart rate: _____
Biparietal diameter (BPD)	mm	mm	mm
Abdominal circumference (AC)	mm	mm	mm
Femur length (FL)	mm	mm	mm
Estimated GA based on of the above three fetal parameters (BPD, AC, FL):	Wks ____ Days ____	Wks ____ Days ____	Wks ____ Days ____
Summary			
Estimated due date (EDD) based on US: / / DD/MMM/YYYY	Comments/other findings:		

Completed by CARE PrEP Study Staff

Final EDD: / / DD/MMM/YYYY	Notes:
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