**FORMULAR APLIKIMI PER ALFA-TEST**

**ALFA TEST APPLICATION FORMULAR**

# (15 javë/week – 19 javë/week + 6 ditë/day)

Mbiemri / *Surname* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emri / *Name* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data e lindjes e gruas shtatëzanë / *Patient birthday (date/month/year)*: \_\_\_/\_\_\_\_/\_\_\_\_\_

Dita e parë e ciklit të fundit/*First day of the last periods(date/month/year)*:\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Data e ECHO-s / *Echo date,Ultrasaund (date/month/year)* : \_\_\_/\_\_\_\_/\_\_\_\_\_

Anamnezë për fëmijën e lindur me DOWN / *History for Down*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anamnezë për fëmijën e lindur me Spina Bifida/ *History for Spina Bifida* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anamnezë për Diabet / *History for Diabetes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mosha e barrës sipas ECHO-s / *(Gestational Age)* : \_\_\_\_\_\_\_\_\_­­­­\_\_\_

Matjet BPD / *Measurement of BPD* : \_\_\_\_\_\_\_\_\_\_\_\_\_

Pesha e gruas shtatëzanë / *Patient weight*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numri i embrioneve / *Number of Fetuses*: \_\_\_\_\_\_\_\_\_\_\_\_

Data e marrjes së mostrës / *Collection date (date/month/year)*: \_\_\_/\_\_\_\_/\_\_\_\_\_

Fekondim In Vitro / *IVF status*: PO*(Yes)* JO*(No)*

Dhurim i vezëve / *Donating Eggs* : PO*(Yes)* JO*(No)*

Probleme gjatë shtatëzanisë / *Problems during pregnancy* :

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