

# ALFA TEST APPLICATION FORMULAR

## FORMULAR APLIKIMI

për

### ALFA - TEST

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(15 javë - 19 javë + 6 ditë)

Mbiemri: \_\_\_\_\_  
(Surname)

Emri: \_\_\_\_\_  
(Name)

Data e lindjes e gruas shtatëzanë (data/muaji/viti): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Patient date of birth)

Dita e parë e ciklit (periodave) të fundit (data/muaji/viti): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First day of the last periods)

Data e ECHO\_s (data/muaji/viti): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Echos, Ultrasound)

Mosha e barrës sipas ECHO\_s : \_\_\_\_\_  
(Gestational Age)

Matjet BPD: \_\_\_\_\_

Pesha e gruas shtatëzanë: \_\_\_\_\_  
(Patient weight)

Numri I embrioneve: \_\_\_\_\_  
(Number of Fetuses)

Data e marrjes së mostrës (data/muaji/viti): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Collection date)

Fekondim In Vitro: PO(Yes)  JO(No)

IVF status

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

Probleme gjatë shtatëzarisë:  
(Problems during pregnancy)\_\_\_\_\_

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