**FORMULAR APLIKIMI PER PAPP-A**

**PAPP-A APPLICATION FORMULAR**

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

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

Mjeku që e dërgon / *Recommender doctor* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)*:\_\_­\_­/\_\_\_\_/\_\_\_\_\_\_

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

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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Matja e NT (transparenca nukale)/ *Measurement of NT*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Data e ECHO-s / *Echo date,Ultrasaund (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* :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_